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SPORTS AND DRUG ABUSE PREVENTION

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

SEPTEMBER 10, 1987

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(100th Congress)

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SPORTS AND DRUG ABUSE PREVENTION

THURSDAY, SEPTEMBER 10, 1987

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The committee met, pursuant to call, at 10:05 a.m., in room 340, Cannon House Office Building, Hon. Charles B. Rangel [chairman of the committee] presiding.

Present: Representatives Charles B. Rangel, Daniel K. Akaka, Frank J. Guarini, William J. Hughes, Lawrence J. Smith, Benjamin A. Gilman, Lawrence Coughlin, Joseph J. DioGuardi, and Tom Lewis.

Staff Present: Edward H. Jurith, staff director; Elliott A. Brown, minority staff director; George R. Gilbert, staff counsel; Michael J. Kelley, staff counsel; James W. Lawrence, minority professional staff; John S.V. Brown, Metropolitan Police detail; Deborah E. Bodlander, minority professional staff; Khalil D. Munir, Customs detail; and Christina M. Tampros, staff assistant.

Mr. RANGEL. The Select Committee on Narcotics Abuse and Control's hearing will come to order. We will convene at this time for the purpose of explaining to you what these bells mean and what our agenda will be.

First, I want to thank all of the witnesses for coming to join with us. This is not an investigation. This is merely to see what you think the extent of the problem is in the sports industry, what you are doing about it, how we can be of any help, and to indicate our concern, not only with superstars and professional players, but college and high school players.

I will be testifying on another related matter before Senator Moynihan's committee. I am fortunate on this committee to have the leadership of Frank Gaurini, the distinguished Congressman from New Jersey, who has agreed to chair this hearing for the committee, and has done a lot of work in this area.

[The statement of Mr. Rangel appears on p. 61.]

Mr. RANGEL. The bells mean that we have a vote on the floor. We have 15 minutes to respond and then to come back. When we do resume the hearings it will be under the chairmanship of Frank Guarini. Thank you.

The committee stands in recess for 15 minutes.

[Recess.]

Mr. GUARINI [presiding]. We will begin the hearings. I want to welcome you all today.

The purpose of today's hearing is not to find out which athletes are using drugs. We are not pointing fingers. What we want to find

out is what is being done now, and what more can be done in order a find to an end to this growing national tragedy.

The deaths of prominent athletes Len Bias of the University of Maryland and Don Rogers of the Cleveland Browns heightened our national desire for a bona fide search for solutions. But that was almost a year ago. As the CBS-TV Evening News pointed out last Wednesday, since the President signed the congressional bill on anti-drug abuse, the omnibus bill that was passed last year, with much fanfare in the Rose Garden last October, "The silence is terrifying." In fact, it is deadening.

I hope this hearing again opens the doors for a national discussion. Our children are dying and ruining their lives from drugs. Families are broken, the crime rate is growing higher, enormous social coerce continue to soar. Drugs are cheaper, purer, more available on our streets in our neighborhoods today. It is at an all-time high that a number of daily cocaine users which is addicts. That is also terrifying.

Many people feel that athletes and sport organizations have a special responsibility to be positive role models, for the young people in particular. The reality is that athletes have the same frailties and problems as the rest of society. But a tremendous amount of attention is being paid to what happens in sports by the American public. Americans and people all over the world have been fascinated by sports and the problems in sports and drugs are thereby magnified.

Today we want to learn how the sports world is responding to the problem of drug abuse among its athletes. We will also explore how the sports community can contribute to broad-based national drug abuse prevention campaigns in the workplace, school, and community settings.

Our committee has been examining drug abuse in the workplace, and for athletes the sports arena is their workplace.

We must strive to have adequate education, prevention, and treatment programs at professional college and high school levels. If we have to do battle with the administration over the funding of drug programs, we will do so.

Today's hearing consists of three panels to examine sports and drug abuse prevention: professional sports, college and high school sports, and support systems and strategies for all athletes.

We have a dozen witnesses with some very valuable testimony. In the interest of time, we will ask witnesses to limit their verbal statements to five to seven minutes, and we will invoke the five-minute rule on questioning by members. In this way we can hear from everybody. Your statements will be made part of the record and will be placed in accordingly.

I want to thank you all for being here and I would like to turn over to my good friend and ranking Republican on this committee Mr. Ben Gilman for a statement.

[Mr. Guarini's opening statement appears on p. 62.]

Mr. GILMAN. Thank you, Mr. Chairman.

This morning's hearing on sports and drug abuse prevention presents our Select Committee with an opportunity to assess the exalted and unique nature of sports in our society, not only as it per-

tains to athletes, but the examination of ourselves as fans of these various athletic endeavors.

The past several decades have seen organized team sports, whether professional or amateur, change immensely. Attitudes have contributed to this change as well as the high monetary return.

One question we should be addressing this morning is the transition from playing the game to winning at any cost, and the related issue of whether any sport is a game anymore also looms on the horizon. It is in this context that we are going to have to examine the scope and nature of substance abuse in our sports world this morning. With each age comes different pressures.

We have before us today individuals whose professional expertise can help us assess the specific upheavals that are associated with high school, college and professional sports as well as the depth of substance abuse at each level. We should bear in mind as we look at this wide range of sports activity that our sports heroes are role models for the youth of our Nation and as such they are emulated by millions and millions of youngsters who wish and desire to be just like them.

Accordingly, it is not sufficient that they follow a code of behavior that conforms to the norms of society. They have a more important responsibility of observing an even stricter code of morality than the rest of us must follow, for every move of theirs has a potential of affecting the lives of countless other young people throughout our Nation.

The emotional pressures also need to be discussed and in this instance I refer not only to the internal pressure to perform from parents, from coaches, from owners, but the external pressure from fans of all ages. And in sports we see a microcosm of our own larger world. Athletes and their sports are cloaked in mystique and ritual, guided by arrows and X's that most of us do not fully understand.

The specter of drug abuse in this sheltered community is one that needs to be fully examined in the open light of day, candidly and honestly. It is only through preventive action, treatment, and understanding that we can alter what has become a very disturbing aspect of our culture. It is this mystique that must be shattered if we are to make a positive change in the lives of the players and those around them, but more particularly, those who emulate them.

This committee has gone to the far reaches of the world to try to stem the flow of narcotics into our country. And whenever we meet with law enforcement people, they remind us: what are you doing about demand reduction? I think that this examination of this issue this morning has a great deal to do with demand reduction, to try to make certain that those who are out there as role models are going to send the same message that our President and our first lady are saying, in just saying no to drugs and slam the door on drugs.

I want to welcome our panelists who have taken the time to come before us today and we look forward to hearing their testimony.

Thank you, Mr. Chairman.

[Mr. Gilman's opening statement appears on p. 63.]

Mr. GUARINI. Thank you, Ben.

I would like to call upon Joe DioGuardi for a statement.

Mr. DIOGUARDI. Thank you, Mr. Chairman.

Mr. Chairman, I commend you for calling this hearing today. This is not the first time we have asked professional athletes to report to Congress on the present situation with drug abuse in professional sports. However, the significance of their testimony today will be in the presence of representatives of high school and college athletics.

I am hopeful that we can generate in today's testimony a dialogue between the professional representatives and the amateur representatives regarding the relationship between drug abuse in their respective groups.

It has often been said that our young people who look up to pros are negatively influenced by their abuse of drugs. Maybe today we can leave a clear impression of just how significant that poor example is in the lives of young and impressionable athletes.

I am heartened by the responses of professional sports governing bodies to the indiscriminate use and oftentimes abuse of illegal drugs by the players. Suspensions of such stars as Dwight Gooden of the New York Mets and Michael Ray Richardson of the New Jersey Nets for their drug abuse has taught our young people a valuable lesson.

Drug abuse demands a high price: your career, your future, your health, and as we have tragically learned through the loss of Len Bias, oftentimes your life.

Mr. Chairman, I am encouraged by the response of many professional athletes to the drug abuse problems of the young people in our society and the positive role model they can play in combatting this problem. John Lucas of the Milwaukee Bucks is working with kids in summer camps, giving them personal testimony to where drug abuse leads.

Former pro athlete Bill Shue and the program he has helped to initiate—Hugs are Better than Drugs—represents the best that the professional sports community has to offer. I commend such efforts and am confident of their positive impact on drug abuse in our society, and hope that these initiatives will continue to be looked at and be approached with renewed vigor.

I look forward to the testimony of the able witnesses we have listed today and I am especially gratified to see on the list and in the audience a constituent of mine, Mr. Irwin Weiner, who spends a lot of his time representing professional sports athletes, and who is doing his best as a citizen with his foundation—the Dr. I. Foundation—to combat this problem in our society and to mint a positive role model for the kids, and this is what it is all about.

I thank you very much, Mr. Chairman.

[Mr. DioGuardi's opening statement appears on p. 66.]

Mr. GUARINI. All right, thank you, Joe.

I would like to call the first panel: Doug Allen, Assistant Executive Director of the National Football League Players Association; Charles Grantham, Executive Vice President of the National Basketball Association Players Association; Jan Van Duser, Director of

Operations, the National Football League, and Irwin Weiner, Irwin Weiner Sports Enterprises.

Gentlemen, just take your place and relax. The statements that you have submitted will be placed into the record and made part of it. As soon as you are ready perhaps we can begin with Mr. Doug Allen.

TESTIMONY OF DOUG ALLEN, ASSISTANT EXECUTIVE DIRECTOR, NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION

Mr. ALLEN. Thank you, Mr. Chairman. It is my pleasure to be here and I am very happy to bring the views of the players of the National Football League to this panel and to this committee.

I would like to first apologize for the absence of our Executive Director, Gene Upshaw, who had fully intended to be here today but there is a fast approaching deadline that has been in the news lately and he is unavoidably detained preparing for negotiations which we hope to resume in the next day or two. He asked me to come by and give his personal apology and bring you our views on this subject.

Mr. GUARINI. We all hope it will be resolved.

Mr. ALLEN. So do we.

I would like to say first that we recognize that the problem of drug abuse is one that we all have to wrestle with and we take it very seriously. It is something that our membership is concerned about. Over 60 percent of our members are married, and most of them with children. They are family men and they understand the nature of what the drug abuse problem presents as a devastating to our children for the future.

We have tried to involve ourselves in every way in combating drug abuse. On the individual level there are literally thousands of players who every year visit schools and drug abuse centers and involve themselves in the community in every way possible that send a message to children that professional athletes as a rule do not use drugs and abhor their use.

We have tried to also address this problem in our relationship with NFL management and we have in our collective bargaining agreement with the owners that just expired and we expect to have in our next agreement one of the toughest testing programs in professional sports. As a matter of fact, the toughest testing program.

We are not afraid to look to penalties for players who don't stay clean and we want those players removed from the League. We also think that the approach that we have taken so far and should take in the future should emphasize education and rehabilitation because people can be salvaged who have a drug program and made productive again both in the National Football League and everywhere else.

We have made this area one of our eight priorities in this collective bargaining go-around. We did that a long time ago. We established these priorities in April of 1986 so it is not something we have done only with the idea of public relations or to look good. We are very serious about it and the players want to see our institutional approach in the National Football League improved. We

think that requires more commitment by both management and labor to education and rehabilitation.

We think it requires providing in the off season an environment at the club facility that helps the player deal with the pressures that sometimes drive a very few players to drug abuse—things like financial counseling, and degree completion counseling, as only 35 percent of our members have their college degrees.

We have proposed in the new collective bargaining agreement that we rely on independent medical experts that both the players and the owners can have confidence in that would be jointly selected to advise us on our drug prevention program.

To describe what we do with respect to testing precisely, we have every year every player in the National Football League subjected to a urinalysis test for drugs. In addition, at the direction of the club physician, every player can be tested again for reasonable cause. We believe that that provides us with all the testing we need in order to deal with detection. We don't think that is our problem.

Our problem is not detection; it is treatment, it is education, and that is where we are directing our energies.

We have worked in addition with what we do with management as a union with the DEA and the Justice Department on several programs to lend our membership's reputations and names to their efforts. We applaud what the DEA and the Justice Department are doing. We think that people need to cooperate with the law enforcement agencies, and we are trying to do that with our members.

We also are part of the AFL-CIO and are very cognizant of the need to have this very sensitive area be something that is dealt with by employees who are organized in collective bargaining. We think it is important for any drug prevention program to work if the employees and management have confidence in it. And in the organized sector of the American work force that certainly means that collective bargaining is where the issue should be dealt with.

There are many issues non-economic that go directly to employee rights and this is one of those that we think is best dealt with by the employees and management at the bargaining table.

We are concerned, among other things, for our future about the changes that have happened in the five years that we have worked with the drug prevention program we have in our collective bargaining agreement, particularly with respect to methodology. There is an awful lot of false information out there about testing and what it does and what it doesn't do. We are concerned about confidentiality, about the methodology of the test itself and whether it is reliable.

Experts tell us that whatever you do that it is very difficult to get below the three or four percent error rate, and in our business with the press paying particular attention to what happens and breaches of confidentiality all too common, that concerns us because we believe that NFL players, like everyone else, are innocent until proven guilty, and we don't think that random testing of innocent people on a regular basis with the breaches of confidentality that we have seen in the past will solve the problem and we think it will harm a lot of innocent people. And we ask you to consider that viewpoint.

We are very concerned about the overall question of the Fourth Amendment. We are private sector employees but the NFL is a monopoly with an extraordinary amount of economic power, and power over its employees. The NFL has a private security police force that they employ to look into what they believe are issues of integrity of the game. Our players are confronted with that and we think there is some fundamental constitutional rights involved here, perhaps not in the same sense as public employees. But as I said, the whole philosophy of protecting the innocent and protecting people from that kind of search and seizure concerns us—our athletes, just as everyone else.

So we are very cognizant of this problem and we are doing everything we can to address it and we will certainly make ourselves available at any time we can to help you in your deliberations.

Thank you, Mr. Chairman.

Mr. GUARINI. Thank you, Mr. Allen.

[The statement of Gene Upshaw NFLPA appears on p. 68.]

Mr. GUARINI. I would like to announce that Mr. Larry Coughlin, our colleague, has just joined the panel.

Mr. Charles Grantham.

TESTIMONY OF CHARLES GRANTHAM, EXECUTIVE VICE PRESIDENT, NATIONAL BASKETBALL ASSOCIATION PLAYERS ASSOCIATION

Mr. GRANTHAM. Thank you, Mr. Chairman. I, like Doug Allen, am happy to be here to address a problem which we see as quite significant in society and a problem that we have, I think, taken great strides to do something about in our professional basketball league.

Prior to 1980, I think the NBA, as well as the NFL and major league baseball, were in the form of denial in this whole problem of substance abuse. In 1980, an L.A. Times article came out and suggested that better than 75 percent of our players were using cocaine. That statistic and the article was refuted by the players and the league, but I think it also called attention to the problem that enabled both players and owners to address on a unified and a collective basis.

In 1983, we came up with what I think a very strong anti-drug program. I think the importance of which was that the entire program was initiated by the players. I think that is important to note because in the context of an employer/employee relationship often the whole concept of compromise is a very difficult problem to deal with. Things like random testing, for example, is something that we do not agree with primarily because of that relationship.

At any rate, the whole idea of a joint policy in basketball being initiated by the players was important to note because we kept the entire drug question out of the collective bargaining arena. As a result, the players were able to actively participate in the formation not only of the policy but the development I think of a very comprehensive program.

I differentiate between the policy and the program because I do believe that the program side is the help and caring, a family-oriented type of situation in the program that has been developed by

the players that I think can be role models for organizations such as this and others.

We took the philosophy of a team, the team effort, and tried to encourage all of our players to help each other. Consequently, the programming deals with intervention, education prevention, which all of our players are subjected to on at least a quarterly basis throughout the season and also during and throughout the summer.

The policy is a stiff one in that it calls for a permanent ban rule for those players who are caught using drugs for more than two times. The first-time offender is penalized in that his pay—I'm sorry—he is penalized the first time by not playing but receiving rehabilitation and also his pay. The second abuse will result in suspension without pay. And if there is a third violation he is suspended from the League permanently.

Michael Ray Richardson and three other players have been subjected to the permanent ban rule. We have several players currently in the programming side of the program, or policy, which they are being helped and are hopefully rehabilitated and will come back to the League in some time.

Many of the players, John Lucas included, are doing public service announcements, are involved with the DEA, are involved on a local basis dealing with children and prevention of drugs in their respective communities.

Our programming, I think, is going to be expanded to include a much more comprehensive after-care. I think as we address drugs in our League we have found that the most important part of any program must be the after-care. A very comprehensive after-care in that we have 23 cities and 23 teams, we are looking to provide after-care in all 23 cities. It is, as we see it, very important that a player change his lifestyle, and changing of a lifestyle at a time when he is playing in 23 different cities has presented difficult cities for us.

However, I think our program is beginning to expand. We will get far more involved in the comprehensive after-care. We will continue to improve the education and prevention aspects of our program. And we will currently negotiate, along with our new collective bargaining agreement, probably a new and more comprehensive drug program.

Mr. GUARINI. Thank you, Mr. Grantham.

Mr. Jan Van Duser, NFL.

TESTIMONY OF JAN VAN DUSER, DIRECTOR OF OPERATIONS, NATIONAL FOOTBALL LEAGUE

Mr. VAN DUSER. Thank you, Mr. Chairman.

I would like to begin also with an apology on behalf of Jay Moyer, the Executive Vice President of the NFL, whose statement you have before you, and Jay was also called away on very important business and I am here representing him.

I would like to just capsulize his statement as he would have given it to you without hitting every spot. But I think the most important thing is that the League recognizes that the intense popularity of NFL football makes it important and a highly visible ele-

ment in this Nation's athletic community. We accept the fact that our position at the professional level of the sport played by thousands of young people in schools and colleges carries with it a very large responsibility to deal as effectively as we can with the improper use of drugs and alcohol. And whether they like it or not, NFL players are role models for millions of young people in this country.

We began our efforts to combat drugs some 16 years ago. It was quite a different atmosphere in those days because amphetimines and performance-enhancing drugs of that type were the main enemy that we had. Over the years, as illegal drugs proliferated in society and as we in the NFL began to inherit increasing numbers of players who had already used drugs by the time they got to our level, the Commissioner's policy underwent strengthening and updating to handle new problems as they came along—some of these being cocaine, of course, and anabolic steroids.

The best description of our philosophy in administering our policy has been humanitarian but firm. We have had educational programs. We have had counseling and medical treatment. We have had owners assume the financial burden when a player went into hospitalization—and excuse me—and rehabilitation. At the same time, it was necessary in some cases for the Commissioner to fine or suspend players.

I can tell you today that while considerable progress has been made in this area, we are still not satisfied. Due to the strong opposition by our players union to the increased testing for drugs, we are often frustrated in our effort to get a firm handle on one of the points that we feel this committee is looking for, and that is the nature and extent of drug abuse in our sport. We cannot get a firm handle on it without complete testing and that testing taking place more than just in the pre-season.

Five years ago, as Doug Allen mentioned, the bargaining agreement of the NFL included testing for drugs at the pre-season training camp, physical examinations, and at other times if reasonable cause could be established. In our view in the Commissioner's office it soon became obvious to many that one pre-season drug test announced well in advance to all players could detect the use by only the naive or the addicted.

It is for this reason that we have advocated unscheduled drug testing during the playing season to detect usage by players who may be at what the experts call the binger stage. Experts tell us that most professional athletes are unlikely to be casual experimenters or hopelessly addicted. They are going to be somewhere in between. The kind of player—kind of person who goes out and binges with drugs uses them heavily at certain times but is able to abstain later and, therefore, could easily get around a pre-season scheduled drug test.

We even believe that in cases like the Don Rogers case that had—I don't have any information that he used drugs during the season—but if we had such a case where player's use might be detected during the season we might prevent a tragedy later on as occurred to Don Rogers in the off-season when he was well away from his club.

Following the disclosure on the day after the Super Bowl in January 1986 that several members of one of the teams in that game had been using drugs—not necessarily in the game, but at sometime in the past—Commissioner Rozelle concluded that the then existing drug procedures in the NFL were not working effectively and that stronger measures were required. He advised both the players union and Management Council, which is the collective bargaining arm of our 28 member club, that he intended to improve the situation if they could not jointly do so. In July of last year, he announced an augmented program that included unscheduled testing during the regular season, along with many other elements.

A grievance by the players union ensued and the arbitrator, which was involved in that case, while affirming the other elements of the Commissioner's augmented program and his authority to implement it, ruled against the unscheduled test because he felt that the bargaining history showed that the union had negotiated a limitation on drug testing to one pre-season test and reasonable cause testing.

So that is where we are today. The bargaining agreement has expired and the parties are attempting to resolve their differences over a wide range of issues. Whether any new labor contract will include improvements in the drug testing area is currently unknown and unpredictable.

A word on education. We believe that education is important to any anti-drug effort, but is not a panacea. For some players we find that it does little good. We have had firsthand experience with players who have made remarks such as the following: "I slept through those films and drug lectures but the one thing that got to my attention was when I was arrested."

Another: "My best teacher is my regular urine test. Passing that is my main motivation, not a speech or a slide show."

While we do not minimize the critical need for this country to aim drug education at its youth, a professional athlete may very well be beyond the impressionable years, and most of them, of course, are.

We also feel, as I am sure Doug Allen feels and the union feels, that one of the tragic by-products of drug abuse in sports is this unfortunate effect it has on those players who do not use drugs. We have heard a typical complaint recently when a player said that he had spent most of the holiday outing with relatives attempting to convince them that just because he is a professional athlete it does not necessarily follow that he is a drug user.

In conclusion, let me respond to a question that was posed in Chairman Rangel's letter of invitation to us, asking us: "How owners, administrators, and players can establish a drug-free playing environment."

We feel that if this ideal is ever to be achieved, first the administrators—in this case, professional sports—the commissioners must be given every possible tool to detect drug abuse wherever and whenever it may occur, and they must follow up with carefully planned procedures of treatment education, and where necessary, discipline.

Second, club management must be disabused of the notion that a player's drug use can be ignored. And we have had that before, unfortunately—some of our clubs ignoring drug use by a player or postponing his treatment until after he has played football for them. That is why we feel that this has to be a centralized program in the professional leagues, run by the Commissioner's office rather than by the individual clubs, because too many times athletic interests get in the way of medical and humanitarian interests.

Finally, we feel that the players must realize that to continually and reflexively oppose drug testing as a violation of personal rights will ultimately damage the interests of all players by undermining the public's confidence in the very business that provides their livelihood.

Thank you.

Mr. GUARINI. Thank you very much, Mr. Van Duser.

[The statement of Mr. Jay Moyer NFL appears on p. 79.]

Mr. GUARINI. Mr. Irwin Weiner?

TESTIMONY OF IRWIN WEINER, IRWIN WEINER SPORTS ENTERPRISES

Mr. WEINER. Mr. Chairman, thank you very much for having me here.

Mr. GUARINI. We welcome you, sir.

Mr. WEINER. As I follow my statement, but I have listened to everything here of these other fine gentlemen, I really feel that in the drug situation—we came to Washington in 1986 and helped bring in approximately 65 athletes from all various sports. Some of those were retired athletes. We did spots all around the country. We did different endorsements of it. We did a reception where we had John Loren come up and speak to the athletes, that our company paid for, because we feel that a lot of the money should come from the private sector. And in doing that we brought in one of the top officials of K Mart. He came in. He met with John Loren. He also met with Congressman Gilman. He has now started a program out in Detroit where he has taken three regions--four regions of testing with DEA agents and seeing which program works the best to put it throughout the entire chain.

I feel I have been in sports now representing athletes for 20 years and I really think we are not going far enough. I have always had the belief that college athletes, starting at that level, we should have a psychologist or a psychiatrist who will work with many of these athletes that come from poor means. And where they are going now to step out into the future to pick up vast amounts of money, many of them psychologically get afraid of it, maybe many of them feel they are not deserving of it, and as soon as they get it, they seem to want to throw it away and they get out there. I think that should follow through as well with the professional teams. I think there should be a psychologist or a psychiatrist trained, as far as drugs are concerned, to be able to sit down and counsel the athletes to avoid it.

Aside from that, I really think that in the education of the athletes working, as far as going out, I think there has to be a program where Congress gets involved as well to bring in the private

sector. And I just list K Mart—I mean, there's many Fortune 500 companies around who solely will give money to this with a good program.

I feel that the League and the Union, they have their own problems, and that has to be worked out between them. As far as the players that came here—about a role model—we had Julius Erving here who flew in overnight and did everything, with Dave Winfield, Trent Tucker was here, Sampson came in, and many, many. I had Jose Torres of the New York State Athletic Commission with the Spanish-speaking people—who have traveled outside the country as far as drugs were concerned—even after the United States Information Service.

So I feel there is a lot more to be done but I think we really have to get together a program of everybody getting together—the financial end, professional athletes, the Congress. I think it has to be united. In other words, we really have to go as one group and we have to start with our youth. We have to go down to young children to let them know what it is all about.

The problems that we have with our professional athletes where they are on drugs and so on, we all know that is a sickness. I think that the Leagues and the Players Associations have to do more than just the urine test. I know with Charlie Grantham sitting here, I know personally that he has taken time out and gone with certain athletes who had these problems and really sat down and tried to counsel them and go with them. I was made aware of that by some of the athletes that he went to see, and I think that is important. I think it has to be a one-on-one situation. I think that if we do that and we all work together—and again I stress the private sector. I am sure if a program was brought out here by Congress and we could bring in Coca-Cola and other major people that our athletes have endorsements with, I am sure they would go along if we could lay out a program for them that involves everybody. And I think that will be our first step.

Thank you.

[The statement of Mr. Weiner appears on p. 104.]

Mr. GUARINI. Thanks very much, Mr. Weiner.

Do you find as a rule that the problem that the athletes come to the League with a drug problem in most instances, or is it because of the advent of big money that they slide into the drug problem? What has been the experience? Does this come over from their college ball?

Mr. GRANTHAM. Personally from the NBA's perspective and I think in general, we haven't started early enough in our educational techniques. It is clear to me as athletes come into the NBA that they have been exposed to drugs at least 10 years prior to that.

So we are really looking at elementary school, junior high school, high school educational programs that will be helpful. The one-on-one counseling, I think that has been suggested, is something that is very necessary at those vital ages. Those is no question again in my mind that as athletes come into our League, it is just not the money that drives athletes to using drugs. If you look at a cross-section of society, it is not only the wealthy that are using drugs. Clearly, in all of our depressed environments, there are individuals who don't have money who are addicted, and have the sickness,

and seek ways to find money to do it. But it is just not the glamour of high wages or high salaries that——

Mr. GUARINI. Do they feel it can enhance their performance?

Mr. GRANTHAM. No, I would say to you that every player in the League that I have spoken with who has been a drug user, or even an abuser, has not suggested it has enhanced their performance. I think there is an illusionary question in the beginning which all of them will admit to, and I think our counselors and our doctors will suggest that. But there is no question in all of their minds that at some point it takes a very negative bend.

Mr. GUARINI. All right, thank you.

Mr. Van Duser, what is the experience of the NFL? Do these people bring their problems from the college ball to the professional League or do they develop their habit by and large while playing professional ball?

Mr. VAN DUSER. I would agree with Mr. Grantham that our experience has been that most of them do come in with some experience of having used drugs before, those who end up having drug problems once they are in our League. That is not to say that everyone who comes into the League has used drugs. I am saying those who later developed. It isn't 100 percent. There may be some who come in and later start. We have heard of that.

The question about performance enhancement, of course, you have got to define your terms because if you get into anabolic steroids and substances of that sort, then you are into performance-enhancing drugs rather than the illicit street drugs like cocaine and things of that type. Those things are used, as I am sure all of you know, by body builders and football players and track athletes to help enhance performance.

Mr. GUARINI. Does the front office wink at the drug problem in many of these teams? Lawrence Taylor of the New York Giants just recently wrote a book. He said, I have a problem, I can get away with anything. They know I have the problem in the front office but they want to win ball games.

What is your comment on that, sir? Which to me is unfortunate, because it certainly is a role model derogatory in the effort that we are making toward eliminating drugs in sports.

Mr. VAN DUSER. We in the NFL have a drug advisor who is Dr. Forest Tennant. He is the Director of Community Health Projects in California. He is a nationally known drug educator and researcher and has been with us since last year.

When we centralized this program, it is his job to get the results of the drug tests that Doug mentioned. We don't get them in the League office. They go to him. He then goes to the doctor at the team and they discuss the problems. Now, I don't know whether Lawrence Taylor tested positive or not at the recent drug tests. I would have no way of knowing. If that happened or if it didn't happen, if he was negative—but in the light of the public problems over his book, then it is incumbent upon Dr. Tennant to talk with the appropriate people on the medical staff of the New York Giants and take whatever steps are necessary, whether he needs outpatient treatment or inpatient treatment. And some of those things don't come to light to us until we hear about that a player has gone into treatment.

Mr. GUARINI. Do the teams have psychologists, as Mr. Weiner has suggested, that would be a good idea? You have masseurs, you have physical trainers, you have nutritionists. The mind is probably one of the most important parts. Do you have any tendency for the teams to now put psychologists or psychiatrists on their staff?

Mr. VAN DUSER. The answer is yes. Since the early 1980's, the Commissioner directed the clubs to affiliate themselves not only with a local drug treatment center but a local drug expert who would be apart from their—the normal medical staff on a football team is the orthopedist and internist, and dentists and other people that they use to treat football injuries.

But now they are using psychologists, drug rehabilitation experts, and that sort of thing under the direction of the Commissioner. They were told to do this and each of them has one in place at each franchise city.

Mr. GUARINI. Mr. Allen, from the players viewpoint, how would you respond to that? Is there sufficient psychological/psychiatric help for these players and the big moneys that we have in professional football?

Mr. ALLEN. First I would like to point out that the fact that there is a designated drug expert and treatment center in each team city is something that has come about as a result of the collective bargaining agreement between the players and the owners which requires that. But I think the biggest problem we have, when we talk about education we don't simply mean a few video tapes and one session in training camp for the players.

We are talking about extensive training for everybody in the business—in the Commissioner's office, in the union, on the club front offices among the coaching staff.

A couple of years ago the League put out a memo to the club coaches saying, this is what reasonable cause—from one of the lawyers of the Management Council—this is what reasonable cause means with regard to drug testing. With all due respect to that attorney, he didn't have a clue, and neither do I, and neither does the Commissioner.

We need a broad spectrum of medical experts working with us to give the coaches, the trainer, the club doctor, the union officials, the player reps who are elected by the players to represent them, intensive training in dealing with this problem. We haven't done enough of that. We want to do it. We have proposed that we do it.

The Commissioner's drug expert, Dr. Tennant, was chosen by the Commissioner and is paid by the Commissioner. We would like to see some independent medical people become involved who owe no allegiance to the union, no allegiance to the club, no allegiance to the Commissioner, that we can all have confidence in.

Mr. GUARINI. Is this part of your football negotiations now?

Mr. ALLEN. We have proposed precisely that that take place.

Mr. GUARINI. Other than salaries and other benefits, is the drug part of the negotiations of a prime priority?

Mr. ALLEN. We established eight priorities sometime ago that we wanted to see dealt with in this bargaining go-around, and one of those eight was an improvement in our drug prevention program

in general. We think that involves a lot more than focusing on the narrow issue of random testing.

I would like to point out that the players who are tested for reasonable cause and fail, or who are tested in the pre-season and fail, are subjected thereafter to random testing. So we have the ability to test the players who have a problem in the National Football League. What we have to do is come to grips with the root cause and to train people to deal with it and not to use video tapes and one-hour session in training camp as some kind of education program.

Mr. GUARINI. But you wouldn't sacrifice the drug issue just in order to get to a settlement negotiation?

Mr. ALLEN. It is not something that we are going to use as a bargaining chip. We put it up there to let the owners and the Management Council know that we take it seriously as a problem and we want to work together with them on the solution. We are not going to trade that for anything. We see that as an issue that is too important to be used as a chip.

Mr. GUARINI. Thank you.

Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman.

It is encouraging to hear some of the thoughts that this panel is presenting. It is apparent that some things are good that you are doing, but too little is being done, and a lot more should be done in many directions.

Mr. Weiner suggested that there be psychiatrists or some psychological advisory capacity. And Mr. Van Duser says that there is some available. What about all of the athletic endeavors? Do each of the teams have some good counsel that they can turn to for psychiatric or psychological advice?

Mr. GRANTHAM. Well, in basketball. And again, I think we are missing one of the major issues here, and that is that in spite of our intention to do good for all, we still have a labor-management relationship. The idea of having things unilaterally implemented and handed down as opposed to being participative on both management and labor side is a very, very difficult issue to deal with right now.

When we talk about counselors and doctors and anyone who has a bearing on the performance of an athlete which indirectly will result in pay cut or cut from a team, you find there is a possibility of compromise. And even if it is the projection or the perception of a player that that compromise is there, then the good of the team of doctors is totally nullified.

So when we talking about programming, we are talking about programming and education that starts from the owner to the player. We continually focus on the player's problem with drugs. We recognize that drugs is universal and we have seen that drug use not only starts and stops with players, but there are people in all sectors of society and business that are using and abusing drugs.

So to begin with, just the continued focusing on the players I think is the wrong direction. We need to talk about the entire sport—the owners, trainers, coaches, athletic directors, players, trainers, et cetera.

Mr. GILMAN. I don't think any of us object to that proposition. I think we recognize it permeates the entire society. But what we are trying to do is find out better ways of dealing with the existing problem that has come about in the sports world—a world that has such an impact upon the youth of our Nation.

What I am asking about is, is there some negotiation to have this kind of psychological advice in all teams? Is that part of your negotiations?

Mr. GRANTHAM. Again I go back to having a psychiatrist or psychologist on a team and who gets involved in counseling of the players and finds out that several problems that a player has——

Mr. GILMAN. Is that available now in all of your basketball teams?

Mr. GRANTHAM. It is not available now, not on all teams.

Mr. GILMAN. Is it available on all the football teams?

Mr. ALLEN. Yes, it is, but it is very spotty and sketchy as to what their qualifications are and we have some concerns about whether some of the people involved are as expert and qualified as they should be because we had nothing to do with their selection. We think that the selection of those experts ought to be done by people who know the field that we all have confidence in and it shouldn't be someone picked by a doctor who is employed by the club general manager. Because as Charles said, then the players have no confidence in the objectivity of that physician.

Mr. GILMAN. Mr. Weiner, do you have some comment about that?

Mr. WEINER. Yes, you see, like in basketball and football, you have the doctors who go to every game. Normally you have the orthopedic fellow there in case of any injury, at every game, from every team. There should be a psychiatrist who is trained in this program, who is licensed, who is a doctor, or a very fine psychologist.

So this way if they get paid by the team or even if it is joint, however it is worked out, you will have where the athlete sometimes before you say, well, he might have a problem if someone comes in, you will be able possibly to nip it at the bud, and it really should go back to the college level.

Mr. GILMAN. Following that up, in selecting players for the professional world, is there any review of any narcotics involvement? Is that part of the criteria?

Mr. WEINER. There is no way of knowing that.

Mr. GILMAN. Is there any investigation made of it, even if it is college records, to show whether or not he had narcotics involvement?

Mr. WEINER. We know a lot of people who overlook certain things like that even at the college level. I have seen players, okay, who they say academically they can't handle this and they can't handle that; meanwhile, they are running them all over the country. They are making big dollars as far as the college is concerned, in football, which runs all the sports programs, and became a business. So it is totally different today.

When I started out we were just growing up into it as football just starting out to someone today, it is a business today, people go to the bowl games and schools get a fortune of money, at that level.

And even maybe as Charlie was talking about, maybe at the level going into the public schools. But certanly where the colleges are making money and they know then who is pro material, they should start at that level with a psychologist or psychiatrist on staff to work with these kids before they get involved, to teach them what is lying ahead, and to counsel them. They don't have that.

Mr. GILMAN. Do you think at the professional level there should be a better investigation before hiring with regard to an athlete's involvement in narcotics?

Mr. WEINER. In what regard—far as what?

Mr. GILMAN. Prior abuse.

Mr. WEINER. Sure. But, you know, that is very difficult. It is very difficult. Sometimes, you know, it is hidden for years and you just don't know it. I mean, I think even there, even for a professional athlete, the colleges, again, should be doing that because that is one step beyond—you know, one step before they go into the pros. And nothing has been done on that level.

You take this Bias situation—I mean, I remember—I don't know, Charlie, if you remember, Terry Furlow—lovely guy, top student, first pick of the '76ers. He died on drugs. Called us from Cleveland—and, you know, on drugs. He was a bright guy just like John Lucas—bright guy, smart, everything else. There is no way I would have bet any amount of money in the world that John Lucas would ever get involved with drugs—met him at Maryland. I could not believe at what had happened. Bright, articulate, super guy. He is working his way back and trying to do what he can. But there is no way anyone would ever sense that he would ever get involved.

Am I wrong, Charlie?

Mr. GRANTHAM. No, I think you are correct.

Mr. GILMAN. My time is running—I want to thank the panelists. But it is obvious that more has to be done in a proper education mode—having a few minutes or one or two hours in a training camp certainly doesn't accomplish what has to be done. And to have a guy sleep through a film certainly doesn't accomplish what has to be done. More has to be done by way of counseling. And I would hope that by working together between management and the players that you could evolve a more effective approach to the problem. Certainly the whole Nation is watching. And when we slap a player on the wrist for involvement, and then he goes back and plays, and a few months later and he is still the superstar, and goes out and writes books and makes appearances, I don't think that that is the appropriate response for this serious a problem.

Thank you, Mr. Chairman.

Mr. GUARINI. Thank you, Ben.

May I just ask whether or not the drug problem in sports in spite of the management and the players getting together on trying to negotiate ways of drug testing being voluntary, et cetera—in spite of the efforts that are being made, is the drug problem becoming more widespread in professional sports, or has it leveled off, or tapered down?

What is your evaluation?

Mr. ALLEN. Mr. Chairman, I think in the National Football League, because I participated in some of these discussions, that

privately both management officials and players union officials agree that we have had an effect on the problem in the NFL, that it is not as bad today as it was several years ago. It does not mean that we don't need to continue our efforts and redouble them, because if there is one player who has a problem, that is one player too many.

But I think we cannot lose sight of what Mr. Van Duser said at the beginning, and that is while we need to improve our program, the fundamental basis of it is good and it has had an effect, and we are gratified to see that.

Mr. GUARINI. Are you saying there is a lessening of the cocaine problem in football today?

Mr. ALLEN. I fundamentally believe that.

Mr. GUARINI. Mr. Van Duser?

Mr. VAN DUSER. I agree with Mr. Allen on that. I don't base that on any personal knowledge that I have firsthand, but from medical experts.

Mr. GUARINI. You have no statistics, though, you said because——

Mr. VAN DUSER. I haven't seen the statistics. First of all, I am talking about our drug advisor who is telling us that in sports in general—because he treats baseball players and sports people in all walks of life, college football players—he sees the use of cocaine going down. And perhaps it was something as drastic as the Bias and Rogers cases to do that.

We do see an explosion in this other area of performance enhancement drugs—anabolic steroids, unfortunately. That is not something that everyone on the street is using, stockbrokers and other people are certainly not going to be using those to any degree. But we are finding that it is a terrible effect on the youth who think that that is a quick way to suddenly go from 160 pounds to 220.

Mr. GUARINI. All right. Mr. Grantham, do you feel the same way?

Mr. GRANTHAM. I think that we definitely had an effect on drug use in the League. I think all of us, though, in formulating a policy and a program to deal with the problem, I think that was the first step. I think we are seeing that just having that in place initially is having an impact. And I think in the future we can look to better controls.

Mr. GUARINI. From your perspective, Mr. Weiner, are you in agreement with the people who are running the professional sports?

Mr. WEINER. Yes, I think that is very well known now as far as what is going on. They are making the right move. It is in place but it is not enough. I really feel that a lot of this is an illness and I believe a lot of it is mental. I go back again that they have got to get psychiatric help at the college level. I think it is very important.

Mr. GUARINI. Thank you.

Mr. DioGuardi.

Mr. DIOGUARDI. Thank you, Mr. Chairman, and thank you for your testimony.

Taking off on something that Mr. Weiner said, what is being done to get to the problem before it gets into the professional sports arena? Is there any dialogue right now between the NCAA and the professional leagues?

Would any one of you want to comment on that?

Mr. VAN DUSER. There is a committee of the NCAA called the Professional Sports Liaison Committee. We meet with that—I said "we"—our members of our teams in the NFL—who meet once a year with that committee. We take head coaches and general managers and they bring coaches, college commissioners, people from the NCAA office. We talk about a wide range of subjects—television, crowd control, you name it, and drugs is always one of the subjects because it is a very deep problem for them.

Yes, there is dialogue and we have shared many things with them that we have learned on how to deal with this problem and they are trying to move ahead with their testing program. They know that—as related to the question earlier about whether these players suddenly start when they get their bonus to become a pro, they know that for the most part that is not true—that we are inheriting players already using it.

Mr. DIOGUARDI. Is there more than a dialogue? Is there some kind of a concrete cooperative program to deal with the issue? Or do you see it heading in that direction?

Mr. VAN DUSER. It is a difficult thing to get a handle on because—one of the things that they tell us that we have got to set a better example. We have just got to set a better example for those young kids because they think that if someone can continue to play in our league after a celebrated incident with drugs, then they are not going to be punished in any way. So why do they have to worry about their drug use if they are still going to get a large bonus and a large contract and continue to play and perhaps it is, as someone on the committee mentioned, a slap on the wrist?

So they tell us that we are part of their problem just as they are part of ours. And public perception of the whole matter is a very important thing in this.

No, we have not, Congressman, joined with them in a program of education. We haven't gone that far.

Mr. DIOGUARDI. Mr. Grantham?

Mr. GRANTHAM. There is dialogue. We are also part of that committee but there is no programming. It is clear that we need to do a lot more in the area. I think that they are receptive to some of the ideas that we are suggesting and working on. It is also clear to them to them that they need to put more time in education. It is clear, also, that I think as a scholar shipped athlete coming into school as a freshman, I think we really have to develop programming at that level. I think they are aware of that.

Mr. DIOGUARDI. Has any concrete suggestion been put forth? Do you have anything in mind that would be something that could be handled on a day-to-day basis by both professional and amateur organizations?

Mr. GRANTHAM. We have shared all of our videos and our whole concept of intervention with that committee. They are meeting now. They are doing things to improve their education, but there is

nothing concrete. It is clear that we need to do better and we need to have better cooperation but it isd just not there yet.

Mr. DIOGUARDI. When you have these meetings, do you have professional counselors like psychiatrists and psychologists sitting on these meetings?

Mr. GRANTHAM. I think they meet with them separately. I think, I am not sure.

Mr. DIOGUARDI. Mr. Allen?

Mr. ALLEN. We have made this suggestion numerous times in other committee testimony. But I think one of the things that the NCAA needs to focus on is the problem of scholarship athletes in general. Too many athletes come into college athletics believing that it is only a stepping stone to professional athletics. And they aren't given enough rigid encouragement, if you would, to pay more attention to academics than athletics.

I think one of the problems is we end up with people out of a college athletic program who are ill equipped to deal with life in general, much less playing professional football or basketball.

As a suggestion to the NCAA on numerous occasions, we have said, one thing you need to do is to make sure that those athletes can complete their education. Because today it is almost impossible for an athlete to go to school for four years to play big time college basketball or football and to complete and get his degree.

So we are suggesting that among other things the kind of intensive education is very important and it ought to be more than just once or twice during training camp. What they need to do is to let those guys go back to school for five or six years instead of four, or however long it takes, at the expense of the college to get their degree, so they are encouraged. There is a nurturing of giving that person the degree he is going to need to use the rest of his life because the professional athletic experience will be very short lived. And for most professional football players, the money he makes from it will not be enough to carry him through the rest of his life. He will have to have a second career or will have to do something more productive with his life than play football.

And being prepared for that needs to be dealt with in college athletics because what happens is these guys spend too much time focusing on pro ball. They aren't equipped to deal with either pro ball or life because they haven't gotten what you should get ou of a college education. We all need to encourage that, including the colleges.

Mr. DIOGUARDI. Mr. Weiner, any comment on any of that testimony? Do you agree with it?

Mr. WEINER. I think it is very important. I think it is very important as far as the college students to make sure they get their education. I stress it all the time, even players coming out, where people want to come out hardship, I tell them to stay in school because professional sports was only a stopover. Your first injury could be your last time to be playing as a pro. It could be the first year, it could be the first two months, it could be five years.

So the education—that degree is so important. And from there is where they could on further when they get done with professional sports. But again, you run into the same problem in college. It is big business today. You check the programs of what they take in

on their football and you will find that that covers in most universities, I say 90 percent of all the sports activities going on in that particular school.

So I agree with both of them. In other words, they really have to stress the education.

Mr. DIOGUARDI. My time is expiring—I want to get a couple of other questions in.

Mr. Grantham, we talked about the sanctions that you have when a professional athlete is caught.

What happens today if a professional athlete comes to you or the League and says, hey, I have got a problem, I need your help.

How do you work with that individual? Is he immediately removed from his environment? Is he exposed or do you try to do what the business community does—with Alcoholics Anonymous where they try to work with the individual, the family, to kind of keep a lid on to the extent possible if the individual is responding? What is your comment on that?

Mr. GRANTHAM. First of all, let me point out that our program is highly confidential, okay? So that immediately if a player, depending on his problem and the extent of his problem, if he calls in and needs counseling and help he can get that without being exposed publicly. If in fact he is going to have to go in for treatment for six to eight weeks, that presents an entirely different problem.

Once he initiates a voluntarily coming forward position, he is submitted for evaluation. And if that evaluation dictates that he goes in for treatment for six weeks, then so be it. If not, then he can get outpatient care on a voluntary basis and without it actually being exposed.

Mr. DIOGUARDI. Is that individual put in a prejudiced situation because he has voluntarily come forth?

Mr. GRANTHAM. Yes, the person who voluntarily comes forward has now got one strike against him. The second strike would constitute suspension and, of course, the third would be a permanent ban.

So there is a definite reluctance to voluntarily come forward given the size of a contract, et cetera. All of those variables are important there. But if a player doesn't voluntarily come forward, he can, and has had, counseling outside of the program—which, again, isn't something that we suggest, but it happens.

A person calling in seeking answers to questions can receive that information without submitting his name. I think that as well happens. But once he gets into the pipeline and voluntarily comes forward, then that is one strike against him.

Mr. DIOGUARDI. What has your experience been? Do many voluntarily come forward under the current system?

Mr. GRANTHAM. We have had several voluntarily come forward. I can't give you the statistics but we have had a lot of people voluntarily come forward because obviously the problem has gotten to the point—see, there is a double-edged sword there. If he doesn't voluntarily come forward and he is exposed, then he is permanently banned. So clearly, one falls out of the system if he really has an addiction problem. And recognizing that, they have voluntarily come forward.

Mr. DIOGUARDI. Mr. Allen, your testimony—I guess the biggest problem we face is when something happens it gets into the press and now the youth of our country, their ideals are kind of shattered. One of their heroes is now in a situation like this, and that obviously is bad for society because we are now kind of advertising behavior which is not in keeping with the highest ideals.

So short of random testing, what do you see as a way to intercept this kind of a problem where the individual is not coming forward but there is a situation which can get into the front of the press almost immediately because of the sensational nature of the sports celebrities and the fact that the press picks up on it, what can we do to prevent this from getting to the eyes of our youth so it doesn't become a societal problem?

Mr. ALLEN. I think we need a much bigger commitment in professional sports to confidential treatment and rehabilitation because it is very difficult for an athlete to recover from an experience where he is exposed. Later on in life he carries that with him forever.

Alcoholics Anonymous by definition is an attempt to get people help without exposing them. That is almost impossible to do in the case of an athlete, especially if we aren't very sensitive to the issue of confidentiality.

Mr. GUARINI. Mr. Coughlin?

Mr. COUGHLIN. Thank you, Mr. Chairman.

Does the NFL or the NBA have a program for drug testing for its coaches and its front office personnel?

Mr. GRANTHAM. Not in NBA.

Mr. COUGHLIN. In NFL?

Mr. VAN DUSER. No, it is available to them but it is not a specific program.

Mr. COUGHLIN. Thank you, Mr. Chairman.

Mr. RANGEL. Mr. Chairman?

Mr. GUARINI. Yes.

Mr. RANGEL. I just have one general question. I personally believe that elected officials should be held to the highest kind of standard of public conduct that most people—because we hold ourselves out to be better than we actually are—but do any of you believe that those sport figures should be held to a higher standard than the non-sport figure in terms of their responsibility because of their exposure to younger people and the propensity to treat them as role models ?

Could you give me just your professional opinions? Should they just be considered that they are reflecting the problems that we have in society no more and no less? Or should we say that your responsibility is much higher than just that?

Mr. ALLEN. I would like to just say that I think that professional athletes are held up as role models and, therefore, have a great deal of responsibility because of that. They are held to a higher moral standard by the public in general and they should be conscious of that and act accordingly.

I think if they don't act accordingly, there should be consequences and they shouldn't be able to take advantage of playing in the League if they don't conduct themselves properly. But I don't think that they should be held to a higher legal standard or that

the legal protection and the constitutional protection afforded everyone in this room should somehow diminish when you are talking about a professional athlete, because that diminishes our system in general.

If you can do it to a Walter Payton or to a Larry Bird, then you can do it to you and me. I think that the consequence of misconduct comes in the marketplace and comes in the sanctions that we put on——

Mr. RANGEL. You have answered me, and I certainly did not mean to pry on any one of their constitutional or legal responsibility or different legal standard. But you answered me, and that is that the owners need to make that extra amount of profit to bring out this superstar should not remove the sanction. And that is the problem. You know, you violated the law, that is separate. I am not talking about that. But the fact that you have disgraced your uniform, you have disgraced the profession, you disgrace sports, but they need you. So, bango, you are back to next season healthy. That is the part that bothers me, but other people believe, well, what the heck, you know, you have to rehabilitate them like everyone else, and that should be the goal, not sanctions, not penalties.

I just think, Mr. Allen, that you said that as long as you don't remove the constitutional rights or put a higher legal penalty, that they pay their dues when they violate the codes.

Mr. ALLEN. From highest to lowest in terms of ability and payment, we don't want our athletes to be treated differently. We want them all to be treated the same.

Mr. RANGEL. I don't know whether we are still saying the same thing. Not treated differently legally but in terms of being in the center——

Mr. ALLEN. No, I am agreeing with you.

Mr. RANGEL. Okay.

Is there anyone that disagrees with Mr. Allen?

[No response.]

Mr. RANGEL. I am finished.

Mr. GUARINI. Gentlemen, we thank you very much. We appreciate your having taken the time to come here and having had the benefit of your thoughts.

I would like to ask Ruth Berkey, the Assistant Executive Director for Administration, National Collegiate Athletic Association; Bowie Kuhn, President of TARGET, a Drug and Alcohol Abuse Prevention Program; Eve Atkinson, Associate Director of Athletics, Temple University, and John DeGioia, Dean for Student Affairs, Georgetown University.

If you gentlemen and ladies would please come forward. Adjust your papers and when you are ready you can proceed with Ruth Berkey.

I would like to ask if Ms. Berkey would yield to Mr. Bowie Kuhn who has a plane he has to catch, and we appreciate the opportunity of having Mr. Bowie Kuhn go first.

Welcome, sir.

TESTIMONY OF BOWIE KUHN, PRESIDENT, TARGET, A DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM OF THE NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS, ACCOMPANIED BY BRICE B. DURBIN, EXECUTIVE DIRECTOR, NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

Mr. KUHN. Thank you, Mr. Chairman.

Mr. GUARINI. It is good to see you again.

Mr. KUHN. I will open up by saying that I am indeed the President of TARGET. I have to bite my tongue not to say I am here on behalf of professional baseball, which I am not.

TARGET is a service of the National Federation of State High School Associations which was created in 1985, the details of which appear in our statement but I would like to highlight some of that if I may.

TARGET was created because we felt that the National Federation had an extraordinary opportunity through its network to 50 State Associations and the District of Columbia Association and through that to 20,222 high schools and 11 million high school students, that through that network we had an extraordinary opportunity to be effective in the area of drug education, prevention, training and treatment.

So we opened up in 1985 and decided that we would do something more than mere education, but that we would go into the high school community and find ways to involve parents, coaches, administrators, students, and student leaders in the battle against drug abuse.

A figure or two to demonstrate something about the gravity of the problem—we agree with the chairman that we are dealing with a serious problem in the high schools. The most recent data that we have from the University of Michigan annual survey—and they have been doing this since 1975, and it is a highly respected survey—it shows that within 30 days of this survey, 65 percent of high school seniors used alcohol once, 23 percent used marijuana, 6 percent used cocaine, 6 percent used other stimulants, 30 percent used cigarettes, 20 percent used cigarettes regularly, 15 to 18 percent used smokeless tobacco regularly, 37 percent--I would like to stress that figure—37 percent, within two weeks of the survey, on a single occasion had had five or more drinks of alcohol.

The pattern among those who had this amount in that two-week period was that they would drink until intoxicated or until the supply of alcohol ran out.

During the last 10 years, the Michigan survey shows that there has been some up and down in chemical drug use—some up, some down. Alcohol has been more or less level during that 10-year period, at a high level.

Cigarette smokers, incidentally, the study shows, are inclined to move on to marijuana, which is clearly a gateway drug to the use of more serious drugs. So the purpose of this committee calling these hearings and conducting this investigation has clearly shown to be a wise purpose because of the nature of this type of data.

So TARGET was created. Let me give you some idea of what we are doing. And the constraint on us is as I will say at this point, and I will say again at the end, is basically money, because we

have a fantastic outreach opportunity to the high school and, indeed, to the junior high school and the grammar school communities if we have the money to do the job.

We heavily involve parents because it is very clear to us that if parents are involved and if students know their parents are concerned about their health, those students, knowing there is this parental concern, will be less apt to use harmful drugs. So we provide a system for the heavy involvement of parents. We involve parents in pre-season activities along with coaches and administrators. We try to get the parents very much in on the whole process of educating students about drugs and their problems, and in taking students the next step, and that is getting them proactively involved in doing things not only to help themselves but to help other students.

The wisdom here clearly shows that from an educational point of view the most effective people in dealing with students with drug problems are their peers. So our program ultimately spends a lot of time trying to bring to bear peer pressure, particularly by student leaders, student athletic leaders, student activity leaders, important student figures, to have them bring pressure to bear on the other kids around because they will be the most effective.

TARGET is now bringing into the training center at Hazelden-Cork Foundation in Center City, Minnesota, adults from all around the United States. This year we will train 165 adults from all over the country in drug education prevention. They go back to their states to train a tier of state people. This will ultimately help to galvanize the effort of the students themselves to bring peer pressure on the other kids.

We hope to expand this training program in 1988, to 250 adults that we will train at Hazelden. By 1989, we hope to train 550. The only constraints on us in this training program is money. We do this at our expense. We take them into Minnesota at our expense. We train them, with the help of Hazelden. This costs us about $1,200 a person who goes to Hazelden. So in order to mount this program, obviously money is very important to us. But the beneficial effects we think are tremendous.

We do other things. We put out a publication called On Target, which is a monthly publication which goes to the 20,220 high schools around the country. It is loaded with valuable information for use of administrators in the high schools with regard to drug education and prevention.

We are effective in putting in a publication such as High School Sports, a comic strip such as this [indicating], The Protector, very much read by youth at this age. This we do under the sponsorship of ESPN television network. The message here is an anti-drug message. This is very effective stuff and the more we can do with this, the better and more effective we are going to be. Again, the constraint on us is money.

We put out films with the help of the National Basketball Association, for instance, and the United States Department of Health and Human Services, featuring Isiah Thomas of the Detroit Pistons, with a powerful anti-drug message. This is widely distributed—an example of the kind of thing we are doing. Constraint

again: money. But these things, the more we can get them into circulation, the more effective they will be.

We also have an insurance program which covers the rehabilitation of youngsters who have drug problems and need medical treatment, either hospital or other medical treatment. We do this incredibly enough at the cost of one dollar per student. Our constraint is to get at least a million students signed up in this program. We will have a million students signed up in this program by this autumn. And we will have this program in effect under which a student needing rehabilitation may receive up to $37,500 a year to pay for the costs of his medical treatment for whatever his drug problem may be.

We have a resource center in Kansas City which is available through an 800 number to all the high schools of the United States. This an area where we have trained staff members on the telephone to talk to high school people who have a problem, or to media people who have a problem, or to a grade school who has a problem. This number is available to anyone who wants to call. And through our computer bank of information we can quickly tell somebody in Topeka, Kansas where to go for a certain kind of drug treatment. This is now under way. It is a new program we put into effect just this month, and I think it will be extremely effective.

We have put together a board of directors which I think has been extremely powerful in advancing the cause of the TARGET program. Nancy Reagan is our honorary chairman. Bill Simon, the former Secretary of Treasury, is our chairman. I am the president, and we have a host of leaders from industry, from education, and from the church, involved among our directors and on our Advisory Board. It is a very powerful group.

We are now working on a program which we have high hopes for. We are working on this with IBM. IBM has a video device called InfoWindow. It is video reactive so that you can touch it and bring up information according to what you touch on the screen. It is a powerful device which employs microcomputers so that we expect that with the help of IBM, which has committed a million dollars worth of in-kind services, and our fund-raising activities for this InfoWindow device, we will be able to put this video machine in all the high schools of the United States in some reasonable period ahead. This is a machine which can be made available privately to a student who wants to find out something about drugs in a most detailed kind of way, or to group sessions, or to whatever. It is a highly flexible device. It can be used in innumerable ways.

We see it as one of the most powerful teaching and educational devices that could exist.

I think in the final analysis what I need to say to you is that with the vast network available to the National Federation and TARGET and the vast network of volunteers available in that network throughout the United States we may really have the finest opportunity that anybody has to try to deal effectively with this problem.

I am very glad, on behalf of TARGET, that the chairman provided me with the opportunity to come here and speak because I think the publicity that we can get in this way will help us as we go out into the American community, not only at the government level,

but at the private level, looking for the kind of funding which will make our program work.

In time we truly believe that we will reach not only 11 million high school students and their families and the whole community that surrounds them, but 17,000 junior high schools and 44,000 grade schools with all the millions of additional kids that are there involved—and we must all be sure that the problem is real at the grammar school level, deathly real, and at the junior high school level.

We have to start where we have the funding to go. We are doing it, we are looking for the help of the Federal Government, local government, and private industry, and private people to help us in this program.

Thank you.

[The statement of Mr. Kuhn, appears on p. 106.]

Mr. GUARINI. Mr. Kuhn, TARGET apparently has remarkable possibilities with the network they can stretch into every school room throughout our country.

Have you received any assistance or cooperation from the Federal Government? Have they given you any moneys? Has Mr. Bennett of the Department of Education given you any financial help in any way whatsoever?

Mr. KUHN. We have been given support in programs such as producing a film like this through Human Services. We have been given strong support at the government level. But our financing has come—I want to be sure I am correct in this———

Mr. DURBIN. The private sector.

Mr. KUHN [continuing]. At this time has come from the private sector.

One of the reasons I am happy to have this opportunity, I repeat, is I think we should be getting funding, given the quality of this program, from the Federal sector as well as the State and local sector. And we are here to make that appeal.

Mr. GUARINI. Has the insurance program been implemented—the one dollar?

Mr. KUHN. The program will be implemented this autumn. We are rapidly approaching the one million subscribers we need to make it go.

Mr. GUARINI. Are you requesting Federal assistance from the Department of Education and from the respective departments in government to give you help?

Mr. KUHN. We are.

Mr. GUARINI. Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman, I will be brief.

Are you getting good cooperation from the education departments in the various States?

Mr. KUHN. Yes, I would say that we are. One of the beauties of this, again, is the network—we reach out into the educational systems and the State educational departments. I would say that we are getting good support, but obviously what we need is all of the publicity and promotion we can get. We are very fortunate, for instance, to have Burson & Marsteller, the big public relations firm, giving us their time on a voluntary basis to help publicize our

cause. The more of that we can get, the more help we will get at the State level and at other levels.

Mr. GILMAN. Have you explored whether there is any of the funding available in the Anti-Drug Abuse Act of 1986 for an organization of your nature?

Mr. DURBIN. Through the State level.

Mr. KUHN. Through the State level. We are exploring that. As a matter of fact, we did discuss that with the chairman when we met privately with the chairman. We are exploring that.

Mr. GILMAN. So we have allocated a significant amount to go to the States. A portion of that is to go to this kind of an effort and we would hope you would be successful.

Mr. KUHN. We are exploring it. We do not know yet how successful we will be in that effort—we are hopeful.

Mr. GILMAN. Are you the only nationwide organization of this type that deals with students who are in athletics?

Mr. KUHN. To the best of my knowledge, we are. There are many organizations at work in the United States but none that have the kind of networking into the whole education system that we have.

Mr. GILMAN. What have you done to try to encourage the private sector to be of help?

Mr. KUHN. We have not only brought into our Board and our advisory Board a host of people from industry, like Ford Motor Company, the Chairman of Ford Motor Company, Mr. Petersen's on our Board; the Chairman and Chief Executive Officer of Avon Products is the Chairman of our Finance Committee. We have gone to the Fortune 500 companies looking for help—have gotten some, not as much as we would like, but we are going back at them.

We are using publicity in other ways. We have a Development Department in our Kansas City office whereby we are going after corporations, we are going after individuals, we are going after foundations. And again, as we become more recognized for what we are, we think we will have good success in this.

Our ability to ultimately get into those grammar schools hinges on this. And that is my great dream, that we are going to get beyond the high schools into the junior high schools and the grammar schools with the help of the private sector, plus government.

Mr. GILMAN. Mr. Kuhn, we want to commend you for those efforts. If there is anything this committee can do to be of help, please don't hesitate to call on us.

Mr. KUHN. Thank you, Congressman Gilman.

Mr. GUARINI. Our chairman, Mr. Rangel.

Mr. RANGEL. I just want to thank you for taking time out to share your views with us for a very exciting program. I think this is what can be done when we can find that partnership between the private sector and the government.

And the reasons why the Acting Chair was asking you those questions is we have tried to penetrate the barrier that is felt in this administration that this area is totally a local, State, and volunteer effort. While I think we have to concentrate on that because we don't need to add to the deficit, that we can encourage your efforts by making it a partnership.

I know that you have to leave. I just want to thank you for taking time out to share your views with us.

Mr. KUHN. Thank you, Mr. Chairman.

Mr. GUARINI. Mr. Coughlin of Pennsylvania?

The Chair would like to announce too that we have been joined by Tom Lewis of Florida, and Larry Smith also of Florida.

Mr. COUGHLIN. Thank you, Mr. Chairman.

For the first time, we have provided a substantial amount of funding for education in the Anti-Drug Abuse Act of 1986—which I welcome. As has been pointed out, most of the funding provided by the Federal Government does channel through the States, with the exception of a portion of funds that goes toward the production of the same kind of film you have produced.

Mr. KUHN. Yes, sir.

Mr. COUGHLIN. I would just like to express my deep appreciation and thanks to you for lending your considerable stature to the TARGET project. Your efforts to organize the program and draw the attention and support of the private sector are temendously important. You are right on target as far as this Member is concerned.

Mr. KUHN. Thank you, Congressman Coughlin.

Mr. COUGHLIN. Thank you, Mr. Chairman.

Mr. GUARINI. Tom Lewis?

Mr. LEWIS. No questions.

Mr. GUARINI. Larry Smith?

Mr. SMITH. No questions. It is nice to see you, Commissioner.

Mr. KUHN. Thank you very much, it is nice to be here.

Mr. GUARINI. We wish you well and we are glad to see that you are putting your energies to such productive and important issues.

Mr. KUHN. Thank you. I must tell you I feel very much at home here—I have spent a lot of time here.

Mr. GUARINI. Thank you very much, Mr. Kuhn.

Mr. RANGEL. I would just like to add that the excitement that you demonstrated in your testimony is something that the record can't properly record, but that is exactly what it takes when you take on the type of problems that we are faced with.

Mr. KUHN. I appreciate that and I agree with it 100 percent. It is very exciting to be involved in this because you really feel like you are doing something where something is needed.

Mr. GUARINI. I would like to also think it shows the enthusiasm of youth, too, Mr. Kuhn.

Mr. KUHN. Thank you.

Mr. Chairman, may I say that Brice Durbin is here, whom I have been whispering over my shoulder to, and he is the Executive Director of the National Federation and have been Secretary-Treasurer of TARGET. If he may step into my slot, I would very much appreciate it so that I could excuse myself at this point.

Thank you all.

Mr. GUARINI. Thank you very much.

Will you please come up front, sir?

Mr. GUARINI. Ruth Berkey.

I want to thank the rest of the panelists for forbearing. Usually we take everybody in order.

Ms. Berkey of the NCAA.

TESTIMONY OF RUTH M. BERKEY, ASSISTANT EXECUTIVE DIRECTOR, NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

Ms. BERKEY. Thank you, sir.

Mr. GUARINI. You are welcome.

Ms. BERKEY. Mr. Chairman and members of the committee:

As you have noted, I am Ruth M. Berkey, an Assistant Director for Administration with the National Collegiate Athletic Association. In my capacity I am responsible for administration of the NCAA drug education and drug testing programs.

The NCAA has in recent years felt it imperative to devote increasing amounts of its resources to drug education, and more recently to drug testing. Our concern relates not only to the need to deal for a fair competitive purposes with drugs because they affect performance but also since they can affect the health and safety of the student athletes with which we deal.

I would first like to focus the committee's attention on our drug education program. Significant NCAA activity in this area began in 1970. In the last academic year the NCAA budgeted approximately $335,000 on drug education efforts alone. These efforts included distribution of drug education pamphlets to 400,000 college freshmen. We anticipate to hit approximately a million freshmen in the 1988 school year. These are athletes and non-athletes.

Distribution of the publication called "Drugs, the Coach, and the Athlete" for use by member institutions in their drug education programs.

Establishment of a bibliography of 24 available video tapes dealing with substance abuse.

Sponsorship of 60 30-second network and cable television featured spots, which feature highly publicized student athletes on the dangers of drug abuse.

Sponsorship of individual drug education promotional messages for 15 NCAA run conferences that were utilized during the basketball and football contests.

And not less important, drug education instruction at 10 youth education through sports clinics and in conjunction with the federally-sponsored program called the National Youth Sports Program which is administered by the NCAA.

The last two programs of which I speak for targeted primarily for children ages 10 through high school and through both of these programs we feel we have made significant inroads into the elementary, high school, and junior high school population.

Beyond the drug education efforts of the NCAA, almost two-thirds of NCAA member institutions conduct drug education and rehabilitation programs for enrolled student athletes. The combined drug education effort of the NCAA of its members has been formidable and will undoubtedly continue to be so in the years immediately ahead.

The NCAA staff expects to spend $450,000 on drug education in 1987–1988. I am constrained to say, however, that the NCAA and college athletics administrators cannot do the job alone. Student athletes exist as a part of a larger institution-wide society and although the use of some drugs thought to be particularly performance-enhancing may be relatively unique in connection with athlet-

ics. The need to deal with substance abuse is an institutional problem.

We strongly believe that at least part of the solution to substance abuse by college athletes lies in more aggressive institution-wide drug education and rehabilitation efforts directed at the entire student body.

Let me turn now to the more controversial subject of drug testing. Last year the NCAA member institutions amended NCAA legislation to put in place a program of mandatory drug testing of student-athletes participating in NCAA championships and in postseason football games. Testing occurred in 1986 for a total of six classes of substances as follows:

Psychomotor stimulants; sympathomametic amines; central nervous system stimulants; anabolic steroids; diuretics, and street drugs, commonly known as cocaine, those for actively ingesting marijuana, heroin and amphetamines.

Preliminary indications are that the testing program may represent a significant deterrent to the use of drugs by student-athletes. Of 3511 male and female student-athletes tested in conjunction with 34 NCAA championship competitions, and in some 20 postseaon bowl games, only 77, or 2.2 percent, tested positive for prohibitive substances. Of those positive findings resulting in a declaration of eligibility, more than three-fourths were for anabolic steroids.

A detailed description of the NCAA drug testing program is contained in my formal statement to the committee and with the attached materials.

Some educational organizations, notably the American Council on Education, has opposed inclusion of street or recreational drugs in testing programs for student-athletes. We firmly disagree with this view. We believe that a failure to for recreational drugs while testing for other more so-called performance-enhancing drugs would be irresponsible.

In addition to the NCAA's drug testing program for championship competition, about 70 percent of our Division I institutions either operate or are actively planning a drug testing program. We estimate at present that institutional drug testing costs currently are running at a level of $90,000 per year per institution.

The NCAA's championship program costs approximately $1.75 million in 1986–1987.

In summary, I would just like to say that the NCAA believes that drugs have no place in intercollegiate athletics. We based our reports and our conversations with student-athletes. Their support for drug testing is overwhelming.

We also believe that the combined drug education and drug testing programs of the NCAA and its member institutions are beginning to show some salutory results and we intend to continue to pursue our own program aggressively in the years ahead.

I would be happy to answer any of your questions. I appreciate your attention.

Mr. GUARINI. Thank you very much.

[The statement of Ms. Berkey appears on p. 124.]

Mr. GUARINI. Ms. Eve Atkinson of Temple University.

TESTIMONY OF EVE ATKINSON, ASSOCIATE DIRECTOR OF TEMPLE UNIVERSITY

Ms. ATKINSON. Thank you, Mr. Chairman.

Mr. Chairman, to you and to the members of the Select Committee, it is my privilege to be here to represent Temple University.

My name is Eve Atkinson. I am the Associate Director at Temple, and along with my administrative responsibilities in sports administration are in the areas of policy, budget. But one that I take particular interest and pride in is as the coordinator of the Deter program.

So many times we get questions from the media, what does DETER stand for? Is it an acronym? It is not. It stands for deterrent. Basically the DETER program is a three-part program sponsored by the Department of Health Services at the University. It is three part, and includes education, testing, and rehabilitation. In order for you to be fully aware of the program I think it is important to know some of the philosophical and historical background of the DETER program at Temple.

The philosophy at the University is that we believe that student-athletes have the privilege and the right to be a student-athlete.

Historically the program was instituted under the direction of President Peter J. Liacouras. He was very concerned with the concerns of society in drug and alcohol abuse. Many things that hit the press were death of student-athletes, death of professional athletes, a black market scam in anabolic steroids, very closely the falling of a collegiate president.

Temple University took a very strong and aggressive stance in taking a preventative medicine approach. Members of the media in the Philadelphia area when we instituted this program took the angle of, what is the matter of Temple? If they have to institute a whole drug education/drug awareness and drug testing program, they must have a big problem there. That was not the situation. We felt that we had to take a preventative medicine approach.

Basically we are concerned about the danger to the health and welfare of our student-athletes. We feel that we must maintain integrity in intercollegiate athletics and the integrity of the University as a whole. We feel that our student-athletes are role models. We feel that we must have fairness on the playing fields.

The presidential committee was composed by physicians, lawyers, faculty members, administrators, student-athletes. An intensive six-month study was conducted, starting in November of 1984.

In May of 1985, the President, with the consensus of the Board of Trustees at Temple University, put in place the DETER program. The program basiscally consists of education. The testing component is for performance-enhancing drugs only. The educational and rehabilitation is for all substance abuse. It is very strongly felt that this program had to be run outside the Department of Intercollegiate Athletics.

The educational component, which is the one that we spend the most money on, is an all-encompassing program. We have a consultant, after interviewing several consultants—his name is Mike Green. He is the President of Collegiate Consultants on Drug and

Alcohol and he will be explaining about the Temple University educational program along with DETER in the next panel.

We thought it was very important to hire a consultant that really identifies with the student-athletes. I think when you see Mr. Green's antics that hopefully all of you will participate in, you will see why they really do identify with him.

We also thought it was very important that the coaches out there when they are recruiting student-athletes explain to students coming on board to Temple's program. They must know that we have a drug awareness program. They must know that we do request that they sign a consent form and that they will have to submit urine samples.

We have an evaluation program at the end of the year for the overall program for not just the educational component but also the testing and rehabilitation. We utilize student surveys. We have a student-athlete input committee and also we have end of the year meetings with coaches.

I would like to now put your attention to the testing component of the DETER program. As I mentioned, it is performance-enhancing drugs that we test for, anabolic steroids, cocaine, and amphetamines. We also state in the Temple policies that any illegal drug by the Federal or State government is strictly prohibited. The results of all of our drug testing at Temple University is held very confidential.

Student-athletes are drug-tested through a computerized random sampling. There is a 48-hour notification to the athletic director of when the student must report to submit a urine sample.

When the urine is collected, two ID's are shown. Individuals are actually watched while they are urinating to make sure that they do not switch any samples, and that it is clearly their urine and has not been tampered with.

The laboratory we used the first year in the initiation of the program was an outside laboratory. We now have gone to Temple University Hospital laboratory and we send the anabolic steroid testing is done out in Chicago. Upon results of the testing notification is sent to the physician in charge. But prior to total notification to the coaching staff and if the student is under 18 years of age, to the parents, there is an appellate process that we feel is very important for the student-athlete if they feel that this is not a proper confirmed test they may exercise their appellate rights. It is a five-person panel. We have learned as we have gone along.

We did have one student-athlete who ended up coming up confirmed positive for anabolic steroids and it really was a birth control pill that stimulated that confirmed positive.

The sanctions in Temple's DETER program are basically not punitive in nature—they are to help the student-athlete. They are deterrents. These sanctions and the policies are minimums. Coaches may impose more stringent sanctions.

The first sanction is notification of the head coach after the appellate process. An individual educational and rehabilitation program is then devised for the student-athlete and the cost of the program is absorbed by Temple University. The student-athlete is then removed from the random sample pool and tested at the discretion of the physician in charge.

The second sanction is the same notification process after the appellate procedure is completed. Continuing of the educational program, but suspensions for the student-athlete from practice and competition for the rest of the academic year. Once again, the rehabilitation is paid for by the University for a full year.

The third sanction goes through the same notification in the appellate process. Once that is concluded and it is a third confirmed positive, immediate and permanent dismissal from the athletic program takes place. There is recommendation of non-renewal of the athlete's grant in aid. However, the University does not feel that that student-athlete should be discarded, even though it is a third chance. The University again encourages that student-athlete to go through the rehabilitation and educational program and will absorb that cost for an additional year.

The rehabilitation component, which is the third part, is under the direction of the Director of Health Services. The athlete must make an appointment with the physician in charge within 48 hours of notification. The athlete must then contact the consultant of whatever that drug abuse problem may be within five days. It may either be an inpatient or an outpatient service.

The Athletic Department is kept informed of the updates, how the rehabilitation is going. Anyone that does not go through the rehabilitation program and the scheduled sessions, that is felt that they are avoiding the rehabilitation program and then they go on to the next sanction.

It is very important to know also that there is an employee policy which has always been in existence at the University but in the past two years has been reemphasized by the President and the Board of Trustees, and that is stating that any employee—not just athletic-related employees—if they distribute any illegal drugs or performance-enhancing drugs they will be recommended for dismissal. They will be immediately suspended and after the appellate procedure is completed, immediate dismissal from employment will occur.

Temple University, although the DETER program has received national recognition in the Chronicle of Higher Education and Temple has taken a very preventative medicine approach with the student-athletes, we also are concerned about our students and the general student population.

The Vice President for University Administration, H. Patrick, Swygert, initiated a drug awareness program for the overall student population, not just student-athletes. That program is called DARE, and stands for Drug and Alcohol Referral and Education.

Personally myself, in closing, I feel in being a student-athlete myself, a coach, also a collegiate administrator, athletes in general feel that they are superstars. I call it the superstar syndrome. They dream at night if the plane crashes on the way to a competition they are the sole survivor. They feel that drugs will not take over their lives.

It is very important, if we are to fight the war against drugs, we the American people must not only address the sports arena, but we must also hit home at an early age to the adolescents, the teenagers, and really the elementary school children, with very well developed educational programs.

Thank you, Mr. Chairman.

Mr. GUARINI. Thank you, Ms. Atkinson.

[The statement of Ms. Atkinson appears on p. 143.]

Mr. GUARINI. Mr. John DeGioia of Georgetown University. We welcome you, sir.

TESTIMONY OF JOHN J. DeGIOIA, DEAN OF STUDENT AFFAIRS, GEORGETOWN UNIVERSITY

Mr. DEGIOIA. Thank you, Mr. Chairman.

I would like to concentrate my comments this afternoon on recommendations this committee may want to consider. But to do that I think I have to give you some context out of where I sit at a university and how I look at the athletic department.

I am the Dean of Student Affairs. Student Affairs is the title of the department at Georgetown which oversees athletics. It is an academic department which is responsible for the day-to-day care of the undergraduates. It is called different things on different campuses: Student Life, Student Development, Student Services.

On our campus it includes all residential living, extracurricular programs, community service projects, performing arts, student health, counseling, psychiatry, career counseling, the police department, and athletics and recreation.

It is an academic department which fits into the integral role of the University's goal and mission. Now, at the University we view ourselves to be in the business of doing is developing intellect, and developing character. We try to do this fundamentally in the classroom through the interaction between our faculty and our students.

Student Affairs tries to compliment this activity of our faculty by creating opportunities outside the classroom in which the questioning which begins in the classroom can continue, and we do that through some of our extracurricular programs. We believe that athletics are an integral aspect of undergraduate education. For the individual, the benefits are clear. One's character is tested and forged through such activities which require such intense commitments.

It is also important to note that the kinds of questioning, the development of character and intellect which takes place at a university takes place within a unique community: the university community. The role of athletics at a university fits in two ways:

First, by addressing opportunities for students to test their character and; second, in creating common shared experiences for teammates and for members of the community to share, to develop this sense of community.

Now, some levels of athletic competition, particularly those levels of Division I-A football and basketball, these two dimensions can get overlooked and other considerations can take place. Once athletics is asked to do more for an institution than develop character in the young or create opportunities for shared experiences for teammates and members of the community, many things can do wrong.

I believe essentially today on many of our campuses we have an illogical, incoherent and inappropriate situation which is inconsist-

ent with the educational mission of the university. Education is not the primary goal of many of our athletic departments. Winning a national championship or a major bowl, getting to the final four, have taken on too much importance. The seasons are too long, the stakes are too high. The involvement of the alumni in the operations of athletic programs is incommensurate with their role anywhere else in the university.

For a coach to participate at a level which includes major bowl games or the final four the pressure is enormous. This type of pressure is not found in many other places in the university except perhaps research science labs.

When a college or a university loses its perspective when it places inappropriate responsibility on its coaches, when it makes it impossible for a student to practice and compete and succeed academically, when a coach is evaluated not in terms of the quality of education it provides but on how many people he or she puts in the seats at a proper bowl game with the final four, that coach ceases to believe he is in the business of education.

When a student is evaluated by athletic performance and not by his academic performance, it is hard for that student to imagine himself as a student.

When this happens, when the school does not place athletics in its proper perspective, all sorts of negative things can happen, particularly in the area of drug abuse.

I have some recommendations which I would like the committee to consider.

First, I believe athletics should be part of the appropriate academic department at a university which is responsible for the care of students. As I said, at Georgetown it is Student Affairs. Athletics must be a part of this department. It should not be separately incorporated or administered separately from this academic program as it is on some campuses.

It should not be part of the business office. It should not be part of general administration or financial affairs. It should be directly connected to the department on campus whose fundamental concern is the individual student.

Student Affairs has a particular responsibility in the explicit structure of the university community. While all in the university have certain shared responsibilities, nowhere should the concern for the integration of the undergraduate experience become as conscious a concern as it is in Student Affairs. Student Affairs consciously makes the whole student its explicit focus. And I believe placing athletics under a department such as Student Affairs, or Services, or Student Life, makes it harder to compromise in the treatment of the individual.

Second, athletic departments must use the full range of programs available to the Student Affairs operation of a university in order to enhance that department. For example, every campus tries to develop a safety net to catch those students who are in most need. Most campuses do this by developing a very intensive program in its residence halls by training resident assistants, undergraduates and graduate students, by training them to recognize problems and refer them—recognize and refer, particularly in the area of mental health.

At Georgetown each dormitory has such staffs, and each dormitory has psychological or psychiatric consultants who work with those staffs to support their efforts.

Coaches and trainers need to be a part of this net. They should be trained to recognize problems and trained to refer them to the appropriate mental health professionals at the university or to those resources which the university has at its disposal.

Universities also, particularly in the area of Student Affairs, have health education components, and it is best that the athletic department make use of these educational opportunities that are part of the university.

The bottom line is that athletics must be made to be as much a part of the university as possible.

Third, consistent with this point is the recommendation that athletes not be segregated from the rest of the student body in the residence halls. Athletes should live in the same dormitories with the rest of the student body.

Fourth, Universities need to insure that there are strong institutional policies which have consistent and complete university support, particularly in the areas of discipline and alcohol and substance abuse. An athletic department should not be expected to keep a clean shop if the rest of the university is not.

Fifth, certain processes of review of athletes must be institutionalized, particularly academic status. For example, at Georgetown a group of faculty review the grades of every single athlete three times a year—at the end of summer school, the fall term, and the spring term. It is easy to identify students who are in difficulty if there is precipitous drops in grades.

I believe it would be much harder for students to fall through the cracks if such processes are institutionalized.

Sixth, drug testing. It is a bit more controversial. There are two dimensions to it. There is the performance-enhancing aspect, and we all have a stake in insuring that our games are played fairly and perhaps testing at the national level for certain types of these drugs is appropriate.

When testing includes other types of drugs, however, for example, recreational drugs, there is a cost involved which undermines the integrity of the university.

I would like to quote from an essay which Georgetown's President, Reverend Timothy Healy, wrote a year ago for The Washington Post. He wrote:

> At our very best, everything we do and say as a university aims at building respect for each other, at fostering a civility of discourse that is the hallmark of a good college, as well as the nursery of responsible citizenship. We teach the young that a man or woman earns respect principally by giving it. Mandatory drug testing without proven cause is profoundly disrespectful. It is a bad lesson for universities to teach and wretched training for citizens.

Using the integrity of sport as an important element of life pales in comparison to the right of privacy guaranteed by the Constitution and the violation of this right to privacy is insidious to education.

I recognize that the use of performance-enhancing drugs is a constant threat to the integrity of intercollegiate athletics and therefore demands a greater urgency than in normal circumstances. The

NCAA's extensive drug testing program has required us to examine our own behavior in order that our student-athletes participating in national competition avoid the use of drugs which will render them ineligible.

I believe, however, that with proper coaching, training to recognize and refer, with an extensive set of treatment programs, and the use of our health education components at the university, substance abuse problems can be more appropriately handled than by the simple solution of mandatory drug testing.

The fundamental premise which should guide colleges and universities in their athletic departments is that an athletic department should be part of an academic or educational program like Student Affairs and that athletes should be treated within that system.

I believe if we have strong policies governing life and strong staff implementing those policies, you can support an athletic department even at the level of participation which some of us have play today. But where you don't have that strength and you don't have full institutional support, where athletics is separate from the institution, you run great risks.

Thank you.

[The statement of Mr. DeGioia appears on p. 161.]

Mr. GUARINI. John, you and Ms. Atkinson come from outstanding universities. Their responsibility is rather grave. We had testimony today that only 35 percent of the professional athletes in the professional big leagues have even a college education—have a degree—where they are ill-prepared for life after professional sports. And they also said that many of the problems that we have were seeds that were planted in the colleges themselves, that they came into the big leagues with these kind of problems. College sports is big business. It is big money, just like professional sports is today. The responsibility that the colleges have are enormous.

I would like to ask whether or not your schools have psychiatrists and psychologists that are attached to the teams to be able to pick up the problems at the base?

Mr. DEGIOIA. We do have psychiatrists and psychologists attached to the department of Student Affairs.

Mr. GUARINI. And working with the teams themselves?

Mr. DEGIOIA. We deliberately do not want to do that because we do not want to create a situation where we have separate sports psychologists, separate consultants working just with athletic departments.

We have a full range of programs available to our athletic department which they use, which are also available to the entire university—the entire Department of Student Affairs. We believe that if we treat the athlete within the system, within the university system, we do a better job.

Mr. GUARINI. Apparently the colleges are failing if the problems are being created within our school system, unless I disbelieve the panel that testified before.

Mr. DEGIOIA. Sure.

Mr. GUARINI. Now, the NCAA has a responsibility, Ms. Berkey, and I wonder whether or not you feel that mandatory testing is necessary and is important, because apparently there is a discus-

sion and a debate as to whether or not it should or should not be used and whether it is a violation of the individual's private rights. Within the NCAA itself, I understand that your drug education program for last year was $450,000. But your drug testing program was $1.7 million. So I can see that you have put a lot of emphasis on mandatory drug testing .

Could you comment on how important you feel that mandatory drug testing is, and whether or not you would also comment on the remarks of Mr. DeGioia?

Ms. BERKEY. Yes, I would be happy to.

I believe that drug education efforts of the NCAA have, as I noted, have begun in 1970. We have done drug education efforts throughout the years since that time, spending a variety of amounts of dollars in that area. The problem, however, hasn't gone away, so the membership of the NCAA—and I remind the panel that NCAA does what its members colleges and universities determine it should do—determined it was time to do the final drug education. That is my opinion, and that is the final deterrent in terms of drug education that encompasses drug testing.

Mr. GUARINI. Have you found it as the deterrent? Have you had mandatory drug testing——

Ms. BERKEY. We believe it is. Yes, I think the statistics that I quoted you on the 2.2 percent would indicate to you that that has been a deterrent. From speaking directly with student-athletes on a number of occasions at drug testing sites, I think they feel comfortable and are pleased with the testing. They feel they have a reason to say no. They feel they can truly affect their own student peers in the terms that they are involved in and they are not going to be taking drugs because they are not going to jeopardize their position, and they can encourage their peers to say that it is important not to take drugs. So I think it has been effective, yes.

Mr. GUARINI. From your position, can you state whether or not there are more and wider spread use of drugs on college campuses today, and particularly in the field of collegiate sports?

Ms. BERKEY. It is our opinion that the use of drugs—everyone believes that the use of drugs is a serious problem on the college campus. The use of drugs—if you look at statistics, and we can only look at information that we have gathered from student-athletes, so it appears that possibly the use of drugs may be going down. National statistics in terms of use of drugs by all college students appears to be decreasing.

But the perception, I think, is very important in this area, that there is a serious problem and there is a drug problem among our college youth, possibly among our high school youth. And that in order to stem the tide of that problem that we have to go in and test.

Mr. GUARINI. As a result of Len Bias' death, have there been any reforms in the NCAA specifically put forth?

Ms. BERKEY. The NCAA drug testing program was already in effect prior to that time.

Mr. GUARINI. There were no additional reforms that were made?

Ms. BERKEY. No.

Mr. GUARINI. You just continued carrying on your policies?

Ms. BERKEY. That is correct.

Mr. GUARINI. Our chairman, Mr. Rangel.

Mr. RANGEL. No questions, Mr. Chairman.

Mr. GUARINI. Mr. Tom Lewis?

Mr. LEWIS. No questions.

Mr. GUARINI. We have been joined by Mr. Hughes and Mr. Akaka.

Ms. ATKINSON. Mr. Chairman?

Mr. GUARINI. Yes.

Ms. ATKINSON. May I make one statement. In regard to psychologists and psychiatrists traveling with teams, at Temple University we take a little different approach in the fact that we have academic advisors that travel with the teams. It is really important that a university keep track of the graduation ratio of their student-athletes and also spend a tremendous amount of money because a student-athlete is away from the campus on road trips that they must have additional services provided to them. And I think that is also something that should be looked into.

Mr. GUARINI. I think the point is, though, that they should have trained people that could deal directly with them and pick up the problem at the inception.

Ms. ATKINSON. Yes, sir, I agree.

Mr. GUARINI. Mr. DeGioia?

Mr. DEGIOIA. We would like to train our coaches to recognize that and get the person in the appropriate place immediately. I don't believe there is any quarrel over whether or not psychiatrists or psychologists should be attached to an athletic department. But we think the responsibility, however, lies with the coach.

Mr. GUARINI. I agree with that, but in this field and world of expertise, I doubt whether or not a coach would have the same training, the same in-depth expertise in picking up from little nuances and observations from a trained eye the beginning of a problem. The coach has a lot of things on his mind and he wants to win more than anything else. Whereas, a psychiatrist or a psychologist is coming from a different direction.

So I don't think that one is a substitute for the other, sir.

Ms. ATKINSON. Mr. Chairman?

Mr. GUARINI. Yes.

Mr. HUGHES. Mr. Chairman?

Mr. GUARINI. Yes, Mr. Hughes of New Jersey.

Mr. HUGHES. I understand that we do not know the NCAA has a model program which they recommend putting students on notice as to what the rules of the game are with regard to drug abuse.

Ms. BERKEY. I don't know exactly what you mean by a model program.

Mr. HUGHES. Do you have suggestions, recommendations?

Ms. BERKEY. Yes, we certainly do. We publish a number of pamphlets. One of them happens to be a drug testing brochure that is published annually since the inception of the drug testing program. Along with it is suggested guidelines for institutions that are attempting to do drug education or drug testing programs. So we have done that.

We have in addition sponsored last year a professional development seminar which was specifically related to drug education, drug rehabilitation. The member institutions voted a year ago at

the convention to allow rehabilitation expenses to be paid for out of the athletics programs for any student-athlete with an athletics problem without that being considered to be an extra benefit under the rules of the Association.

I would like to make another point that was raised earlier in the previous panel and the fact that the question was raised in regards to our working with the professional sports organizations. And as was noted, we do have a standing committee of our Association called Professional Sports Liaison Committee which does discuss a number of critical topics, one of which is in the area of drugs.

The Drug Testing Committee, each time that committee has met, reviewed the information that has been provided in regards to what professional organizations are doing in relationship to their drug testing/drug education programs.

In addition, because the colleges, as was mentioned, should be concerned about the education levels of the student-athlete and the fact that a number of student-athletes, for whatever reasons, don't finish their college education and opt to enter into the professional ranks, has this year set aside money into a special fund—the Executive Committee has set aside money to a special fund—to assist colleges in assisting their own student-athletes who have not completed their college degrees within the prescribed eligibility period of time, the four or five years, to help them complete their college degrees. So it is money that has been set aside as a foundation to assist the colleges themselves to help educate those students who have been involved in athletics at the college themselves.

Mr. GUARINI. I would like to ask whether or not the colleges are encouraged to not only work within their own students but to work within the communities where the problems are prevalent?

Ms. BERKEY. I note to you the fact that we have made those efforts starting through the National News Program which works with students age 10 through 16 where we bring students from economically disadvantaged backgrounds onto college campuses. We administer that program without any charge to the Federal Government. It is a Federal program and we do assist those students in working with their college communities and the college in working with its own community.

Mr. GUARINI. I would like to also suggest that as you interface with professional sports maybe it might be a good idea to interface with like Mr. Bowie Kuhn's organization of TARGET where you can reach down into the high schools and work as more of a team than on individual levels.

Ms. BERKEY. We have a member on his Board.

Mr. GUARINI. Wonderful.

Mr. HUGHES. Mr. Chairman, just one follow-up question.

Mr. GUARINI. Yes.

Mr. HUGHES. I understand that Temple has enunciated its policy.

How about Georgetown with regard to substance abuse and athletics? What are your policies with regard to first-time offenders, first-time——

Mr. DEGIOIA. We treat each case on an individual basis.

Mr. HUGHES. I see.

Do you have an education and rehabilitation program similar to Temple's?

Mr. DEGIOIA. It is a little different in that we use our Georgetown University Hospital as our base. And we have an Alcohol and Drug Treatment Center at Georgetown University Hospital which we use as our most significant resource.

Mr. HUGHES. And you have an educational program?

Mr. DEGIOIA. Yes, we do.

Mr. HUGHES. And that is for all students, athletes——

Mr. DEGIOIA. The education program we do with our student-athletes. We also run it in our dormitories. We train our dormitory staffs and we bring our health education team from our Student Health Department into the dormitories. So we do it with both our undergraduates and with our athletes.

The most important thing I could tell you about us is we try to make our athletes feel as much as undergraduates as we can.

Mr. HUGHES. And you say you review your substance abusers on a case-by-case basis?

Mr. DEGIOIA. That is right.

Mr. HUGHES. So there is no clear-cut policy with regard to——

Mr. DEGIOIA. In terms of first-use dismissal or something like that?

Mr. HUGHES. Right.

Mr. DEGIOIA. No.

Mr. HUGHES. Thank you, Mr. Chairman.

Mr. GUARINI. All right, thank you very, very much.

Mr. RANGEL. Mr. Chairman, may I ask Ms. Atkinson to give my fondest regards to Dean Patrick Swygert. As you know, he was one of my first administrative assistants here and I was glad to see that his association with the Congress did not impede his success. [Laughter.]

Ms. ATKINSON. Thank you very much, Mr. Chairman, I will pass that along to Pat Swygert.

Mr. GUARINI. Thank you.

We will call the next panel: Calvin Hill, National Football League (Retired), and now the Sports Executive for the Baltimore Orioles; founder of The Inner Circle, In-House Drug Program for members of the Cleveland Browns; Joseph N. Carr, Ph.D., Mental Health Professional, Consultant to the National Basketball Association on Mental Health Support for Substance Abusers; Michael Green, Consultant, Prevention and Treatment Program Developer for College and Professional Sports; and Harold Bell, founder of Cocaine Hotline, WUST Radio "Inside Sports" Host in Washington, D.C.

Gentlemen, you are very, very welcome, and we will proceed with Mr. Calvin Hill who is formerly of the Baltimore Orioles and Cleveland Browns and associated in other capacities.

TESTIMONY OF CALVIN HILL, NATIONAL FOOTBALL LEAGUE PLAYER (RETIRED); SPORTS EXECUTIVE FOR THE BALTIMORE ORIOLES; FOUNDER OF THE INNER CIRCLE, IN-HOUSE DRUG PROGRAM FOR MEMBERS OF THE CLEVELAND BROWNS

Mr. HILL. Thank you very much.

Let me just say, Mr. Chairman and members of the Select Committee on Narcotics Abuse and Control, I certainly appreciate the

opportunity to appear before you this afternoon and to offer my perspective, one that I feel is somewhat unique, and hopefully one that will help the committee in its efforts to diminish the problem of drug abuse in sports and in society.

Obviously it has been a fairly long wait and as I looked at the members of the Select Committee, I realized that I have either played or practiced in the home States of every member of the Select Committee, including my friend from Hawaii, Congressman Akaka. As a 13-year vet in the National Football League, I couldn't help but squirm somewhat as I listened to the first panel and reflect coming so closely on the heels of the Contragate hearings, perhaps the need for some sort of swearing in of witnesses, because I found that some of the testimony may have been somewhat Machiavellian, or they just didn't care, or they just didn't know, and those are the tenets of denial. I know because I was there, in 1981, which was my last year, although there are lots of people who thought I retired two or three years earlier.

During that year I was a grizzled vet, I thought I had seen everything, I thought I knew everything, and I rationalized—I was aware that some players were smoking dope. I was aware that some players were drinking or abusing alcohol. I was aware because I heard players talk about it, that some were tooting a little cocaine. But I said, boys will be boys, and after all, these were all soft drugs. I was in a very strong state of denial.

I saw a lot of things in 1981, that last year that I played for the Cleveland Browns. I saw players lining up on our charter flights consistently after the seat belt sign went off to go to the bathroom. I rationalized that perhaps it was coincidental that so many of them had very weak bladders at the same time.

I saw one particular day a player stalled on the side of the road. And before I could get off the highway to back up to try to help him, I noticed in my rearview mirror that another teammate stopped and so I went on.

I noticed one day in the training room, a run on the team supply of Afrin. I was somewhat interested and the trainer said, you know, it must be something in the air, I have never seen this. We have been carrying this stuff for years and nobody has ever wanted the Afrin.

I saw players consistently falling asleep in meeting rooms. But after all, they were young players and sometimes it takes a long while before young players get into the flow of the game and understand that it is as much mental as it is physical.

I remember one episode, and we were flying from Cincinnati, I believe, to Cleveland—back to Cleveland after a game. And after we had set down and we had gotten our two beers, which was allotted to each team member, I noticed one player who got so intoxicated and so out of control that he cracked the inner panel of the airplane window. It concerned me somewhat—not knowing a whole lot about aviation and decompression. But after all, it was only a very short trip. I subsequently found out that the players were lining up to go to the bathroom once the seat belt sign went off because they were lining up to take their snort of cocaine.

I learned that the one player who had stopped on the side of a interstate highway had just gotten an eighth of an ounce of cocaine

from his dealer. And he was so anxious to try it that he couldn't wait to get home. He pulled over to the side of the road and started to sample his new cocaine. As it turned out, that player who I thought had stopped to help him, was also a user. Both of them subsequently got involved in our program. He stopped, backed up, got out of his car, left his motor running, trying to find out what was happening—found out that this particular player was trying some new stuff. He got in the car and four hours later he realized that his car had overheated, they had used up all the cocaine and it was time to go home.

I discovered that the players who were making this run on Afrin were doing so on the advice of one particular player who suddenly discovered that if he dissolved a couple of crystals in cocaine in an Afrin bottle he could continue from the night before throughout the meetings and in fact throughout the practice.

The players who were falling asleep were not falling asleep because they were not sophisticated enough to understand the need for a mental approach to the game but were falling asleep because they were too tired from the night before—they had abused themselves and stayed up. They were exhausted.

The player who cracked the inner panel of the airplane window was an alcohol abuser, perhaps a full-blown alcoholic.

What I didn't know was that we had a problem on the Cleveland Browns in 1981—a problem that was very widespread but very subtle. And we suddenly slipped from a record of 11 and 5 in 1980 to a record of 5 and 11, although I rationalized there were a lot of close games and we were very close.

In 1981, I retired. In 1982, I was asked by the then coach of the Cleveland Browns, Sam Rutigliano, and the owner of the Cleveland Browns, Art Modell, to get involved in helping Sam and Dr. Greg Collins, a chemical abuse psychiatrist, affiliated with the Cleveland Clinic, in setting up an in-house drug program for the members of the Cleveland Browns football team.

Together we set up a program that was in place by the summer of 1982. It is a program that essentially consists of four components: education, intervention, treatment, and after-care. Looking at each very quickly: In terms of education we bring in speakers, experts in the field of prevention, to address the Cleveland Browns. We have also passed out educational tracks from time to time to warn them on the real consequences of chemical abuse.

We have set up within the Cleveland Browns a mechanism for intervening. We have educated certain people on how the disease manifests itself. We have been able to intervene—and I don't want to get into specific numbers—but we have intervened over the last four years more than 10 players of the Cleveland Browns who had become members of our in-house after-care group, the Inner Circle, which I will get to later.

We have sent these more than 10 players to treatment centers around the country. One of the things I have discovered in the last four or five years is that there are treatment centers that work well for athletes and then there are treatment centers where an athlete will spend perhaps a month, perhaps two months, and come out perhaps more enabled than he was when he first went in.

One of the things I discovered is that athletes sometimes have problems, especially professional players, have problems problem-solving using language. So we are very careful now to send our players to treatment centers that are a little tougher. We don't want to necessarily send them to treatment centers that are totally intellectual.

It is important to understand what a treatment center does. A treatment center is a place where a player goes and gets through his denial system. He learns that he is an addict. They learn that there is no cure for their addiction and that recovery is up to the individual. They also learn that there are tested and tried methods of staying sober once they leave these treatment centers. The most important is to find a self-help group. It is finding a small group of clean, intimate friends with whom to share the problems of moving from addiction to sobriety.

It is important to involve those members of your primary relationships: your wife, your parents, your girlfriend, your children. It is important to see that they are involved in getting counseling. It is important to look at the spiritual side of your life. And it is important to always know how to ask for help.

Once the players that we sent to treatment centers came back to Cleveland, they became a member of our in-house after-care group, which we refer to affectionately as the Inner Circle. We thought it was important to have an in-house after-care group for several reasons. One, as we all know, an after-care critical anonymity is very important. That is why AA is called Alcoholics Anonymous. That is why Narcotics Anonymous goes to great lengths to guarantee anonymity. We understood that anonymity would be very great difficult to guarantee to our players with such high community visibility had they gone to an outside self-help group. They were not interested, nor were we interested, and all of the fans in Cleveland, knowing that they were recovering addicts.

Also we felt that given their commonality of experiences in environments and addiction they all used together and they all used some of the same pushers, and had some of the same friends—they could use this collective advantage, this commonality in experiences in trying to achieve long-term sobriety.

Lastly, we could be assured on the Cleveland Browns that the players were involved in after-care during those periods when they were and the team were away from home.

An additional component of our Inner Circle is counseling for the individual family members and participation by the players with other self-help groups all under the guidance of Dr. Collins.

We use urinalysis in our after-care program. But one of the things that we understood from the beginning is the tendency of recovering addicts to relapse. I listened very early to Mr. Grantham who mentioned, I guess it was two strikes or three strikes and you are out. Some of our best success stories very early on relapse more than two or three times. From time to time they joke and they are thankful that they are not in the National Basketball League because they would be out at the mercy of some pusher.

We understand that a treatment center is not a shot of penicillin and that after-care is very important. Because there is this tenden-

cy to relapse, the urinalysis can tell us who has and who has not relapsed.

The key in our mind to urinalysis is what one chooses to do with the results of urinalysis.

Mr. GUARINI. Mr. Hill, in order for us to stay on the legislative schedule, we will have questions which we will ask later on additional points.

Mr. HILL. OK.

Mr. GUARINI. I would like to ask the remaining members of the panel to keep their remarks to five minutes if we can.

Dr. Carr?

Mr. HILL. If it is okay, I could just sum up.

Mr. GUARINI. Sure.

Mr. HILL. Because there are a couple of points I would like to make for your sake in terms of what I have learned.

Mr. GUARINI. Please do.

Mr. HILL. First, the success of any drug program in sports, I think is contingent on the head coach and the other authoritative figures in that program having an understanding of the problem of addiction and a knowledge of the various drugs that are currently being used and abused.

As I go around, that is not the case. Most coaches, most athletic directors, most professional coaches that I have talked to are not very knowledgeable about drug abuse. They tend to be very simplistic in what I consider to be Neanderthal in their choice of solutions.

Second, most professional athletes that I have met abused drugs before they got to the professional level.

Third, or fourth, the problems—athletes will experiment with drugs for a lot of reasons; essentially the same reasons that most people experiment: peer pressure, the opposite sex, boredom, status, and insecurity. But it is insecurity that I would like to address in my very short remaining time, and I will hurry up.

I think it is not just the question of saying no to drugs. It is a question of asking why don't these athletes say yes to the natural highs in life. Why don't they say yes to life?

One of the common features we found among members of this Inner Circle was their low self-esteem. In some cases this could be traced back to the lack of positive role models. In my written testimony talk about some of the stories involving the lack of positive role models.

Insecurity. We have just learned that only 3 out of 10 NFL players have a college degree, and they are involved in a career where the average life expectancy does not qualify them for the pension plan—so it can end at any time. The average NFL player feels extreme pains of insecurity.

One of the issues that we always address in our meetings with that of responsibility—the idea that making choices involves values and responsibility. And yet, when you look at the NCAA and you look at the recent problems at SMU or Georgia with its development studies programs, or when you think about the problems that Kevin Ross had at Creighton, you understand that the point is that a lot of these higher institutes of learning, the point is catch the

ball, shoot the ball, throw the ball, and someone will keep you out of jail and academically eligible.

I feel that the athlete is protected too often from having to exercise responsibility because of his athletic gifts and he is taught the wrong lesson about values at every level of competition. The point is that the rules apply to everybody, except me and my jump shot.

In summary, I think there is still a big problem, certainly among professional football players, but I think the attention that has been focused on the various tests, et cetera, have just made it more covert. And secondly, I think we are still in a period of denial. Obviously, if you are a sports football fan—how can you help but be a football fan in this town—you understand that the management and union are at an impasse over the collective bargaining agreement. And yet, none of the impasse is over one of the most serious problems I think confronting the sport.

They may strike whenever they decide to strike. But they won't strike over how to handle the drug problem, although they don't agree on how to handle the drug problem. I think this manifestation may be for an industry that prides itself in role modelship the greatest failing.

I would welcome any questions at the appropriate time.

Mr. GUARINI. Thank you very much.

Mr. HILL. Thank you very much for the opportunity.

Mr. GUARINI. Thank you, Mr. Hill.

[The statement of Mr. Hill appears on p. 172.]

Mr. GUARINI. Dr. Carr.

TESTIMONY OF JOSEPH N. CARR, PH.D., MENTAL HEALTH PROFESSIONAL, CONSULTANT TO THE NATIONAL BASKETBALL ASSOCIATION OF MENTAL HEALTH SUPPORT FOR SUBSTANCE ABUSERS

Dr. CARR. Good afternoon, Mr. Chairman. My name is Dr. Carr. I am trained in clinical psychology at the Ph.D. level and I have provided mental health services to athletes for the past 16 years. I appreciate the invitation to share my thoughts with you this morning on the subject of drug abuse and sports in America. I will try to summarize and be as brief as possible.

Mr. GUARINI. Thank you. In the House we have the five-minute rule. In the Senate, Mr. Hill would be very comfortable because they talk forever. Go ahead.

Dr. CARR. Given the seductive and addictive quality of sports, Americans have allowed athletes and their performances to capture their minds, spirits and sense of self-importance.

Under these circumstances, it is difficult to really get to know athletes or to cast judgments on some of their social and emotional shortcomings with any degree of objectivity because the public has so much emotional energy wrapped up in their heroes. Consequently, the athletes and their needs have literally fallen through the cracks.

So, in discussing the topic of drugs and sports, we must be careful to avoid looking only at the problem: athletes using drugs. Instead, we must begin to examine the total sport environment: middlemen participation, coaches' job security, sports agents' interven-

tions, academic institution roles, and athletes' time management skills and techniques.

If we fail to analyze the total environment under which athletes matriculate, our attention will be given only to symptoms rather than to cures.

There are several seeds planted within the environment of an athlete that have the probability of producing an emotional deficit, giving him or her a certain susceptibility or vulnerability over time to using and abusing drugs. One of these is what I call the system of sponsorship. Many coaches, because of the intense pressure to win, frequently rely on individuals outside the school to provide inducements in the form of money, special privileges, or other materialistic gifts to lure good athletes to their programs.

The use of middlemen or sponsors can start as early as junior high school. I want to give an example of a case that is real brief here.

B.W. is a 19-year-old, 6'9" senior whose grades were insufficient to meet NCAA Division I requirements. In fact, his cumulative grade point average was 1.7 over a four-year high school period. B.W. was rated as one of the top basketball players in the country with over 200 scholarship offers. Recognizing his market value and academic condition, B.W. knew that he must attend a junior college for at least two years and receive an Associate Arts degree in order to be eligible for NCAA Division I sports.

At the point of filling out the financial aid papers to attend junior college, B.W.'s community coach and advisor intervened and told the coach that papers would not be completed unless the following demands were met:

Ten round-trip airline tickets for his girlfriend from home;

A student designated to periodically take exams for B.W., especially those exams he felt were too complicated for him;

A foster family with the financial resources, so that B.W. could have money and companionship.

B.W. eventually decided to go to the school.

How do I interpret some of this?

Sports activities alone do not produce drug addicts, but there are certain elements pervading the sports environment that make it conducive for an athlete to abuse drugs.

The system of sponsorship which seems to encourage others to provide the options creates a pseudo-arrogance while simultaneously crippling some of the athlete's decision-making processes.

Because of possible impairments in judgment and maturity, an athlete often finds it difficult to ward off an insistent friend who is offering drugs, acknowledge that he or she has a substance abuse problem, or arrive at the conclusion that counseling is needed to conquer drug dependency.

Typically, those athletes with imbalances in social experiences do not necessarily know how to manage stardom. Either they try to please everyone or ostracize themselves from others. Each group is at risk.

The final element that appears to exacerbate the social disability process is that life for them appears to be a series of transitions. I will move further down. The transition periods that we have seen in the NBA that seem to be high-risk periods for athletes in terms

of using drugs—one is injury. The ensuing rehabilitation period looms as one of the most precarious times for athletes. Questions about regaining performance form and maintaining the coach's confidence are constant.

Another one that we have found to be very significant is when a professional player is facing trades. And when these trades are reported in the media, this is often the time of bewilderment and insecurity.

Another one is contract negotiations and contract terminations.

Another one is off-season.

And perhaps the most significant one, the most significant one, is retirement. This is one that seems to be real devastating to a lot of players and could plummet them into serious depression and to drug dependence.

I would like to move on to the recommendations. My recommendations are pretty well straightforward.

I run across a lot of parents who were not proficient in reading and writing. But what they can do, they can dial on the telephone. I am recommending that the NCAA set up an 800 number—this 800 number that can answer questions about policies and procedures and recruiting violations. If they had a number to call they could alleviate a lot of middlemen participation. But right now there is no one to talk to except for the guy who is running a specific community group who has got all the answers. This creates, I think, a bad type of dependency.

I think there needs to be a substance abuse seminar on a yearly basis to talk about the psychological as well as the physiological effects of drugs.

We have a lot of coaches who have been coaches for 15 and 20 years. I am not saying that because they have been coaching for 15 or 20 years that they are out of touch, but they are concerned with X's and O's of the sport. Now substance abuse is in the picture and they don't have an awareness of that. In order to help in the prevention chain you have to be a responsible referral agent. And to be a responsible referral agent, you have to know how to at least identify—not diagnose—identify some of the symptoms. We think that is very important in the helping chain.

I also feel—there have been people here today who feel that maybe each college should be responsible for handling in-house problems. I take a different view. I think that the competition between universities and colleges are so fierce that I think there may be some prejudice in terms of making a referral. And I think as a result of those prejudices and the need to win and to get the top television contract, a lot of players would literally not be referred—who need to be referred.

Of course, we do have good quality programs, but there are not enough of them. There needs to be a network of programs. I would even suggest that maybe the country should be split up into zones—north, west, east and south. And each one of those areas would have the responsible staff to deal with the universities in their areas, and that way the responsibility would be removed from the university and put in the proper hands, working with the university.

But the most important thing, if you had a person with a drug problem, the after-care would be responsible to transition that person back into the community with the assistance of a former athlete. I think that is the key thing. It has to be a former athlete working with a professional team, because that person can serve as a comfort zone in bridging the gap.

I really feel that at the junior high school level that we have got to start focusing more on career counseling, even though that may not be close to drugs right now. But I think our kids can wear these Nike tennis shoes, and Air Jordan's shoes, and they can put on the Giants uniforms—they identify that as a symbol of a career. We have got to create competition in their thought processes so they can think about other things. Because the dope dealers, the way they are structured these days, they seize on the opportunity that these young people have limited knowledge and they will definitely give them an occupation as using drugs or either playing for a dope dealer who is responsible for organizing a team.

The last thing that I would like to talk about is the EAP Program. We have to have in professional sports an Employee Assistance Program that is responsible, that covers some of the things that Calvin has talked about, that goes not only with prevention and education, but after-care.

And orientation—when a person first comes into the League, they have to be orientated just like any other new employee; they have to know what the work hazards are in their workplace. I think that has to be done, and we haven't heard too much talk about that.

I guess last but not least, licensure for agents. We have got to have licensure for agents. They have got to be subjected to the same type of accountability as a psychiatrist, a psychologist, or anyone else. Right now there is no acccountability track. And these people, and based on my years of experience, seem to have some influence in terms of how these kids get involved with drugs. If we put them on a register where they have to take a national examination, then I think we can better track who's who.

Last but not least, we should probably give coaches tenure. I think that is very significant because if coaches are below the 500 level and they feel that they have got to get to the 500 level, that is going to create a ripple effect as far as kids adjustment in college and maybe their susceptibility to using drugs.

Thank you very much.

Mr. GUARINI. Thank you very much, Dr. Carr.

[The statement of Dr. Carr appears on p. 183.]

Mr. GUARINI. Mr. Michael Green, a consultant for the Prevention and Treatment Program Developer for College and Professional Sports.

Mr. Green.

TESTIMONY OF MICHAEL GREEN, CONSULTANT, PREVENTION AND TREATMENT PROGRAM DEVELOPER FOR COLLEGE AND PROFESSIONAL SPORTS

Mr. GREEN. Thank you, Mr. Chairman.

In the last year I have been to over 400 colleges, a majority of them being athletic teams. I also worked with the Philadelphia Flyers. We had a tragedy there two years ago where we lost our goalie.

I am sitting here all day thinking and wondering how many people at different times went to sleep, or how many people were bored because they hear too much drugs and alcohol.

Do you realize what our kids as athletes come to a drug and alcohol seminar think? They think, here comes this geek coming in to talk to us about drugs and alcohol. I don't want to be here, the coaches don't want to be here. So how would you like to be in my shoes to walk in there and talk to them? Because right now I am going to one other university. Gary McLain made that school do a little bit more work with drugs and alcohol. Temple, Penn, just came out of Joe Paterno's camp. And when the coaches leave, you are left alone with these kids and you should see education really does work. Because some of the things that I do—I am a recovering alcoholic. I was a college football America. I coached for seven years. I ended up with a B grade average. I ended up with a fine job. I lost my wife and everything. And when I sat through those seminars I, too, slept.

I wonder sometimes why don't we get their attention the right way—we use skills all the time. So what I brought in here today is to show you what we just did with Temple University and also with Villanova, which got the athletes just a little bit more aware. I have developed what I call a jack test. This test is used to test whether people could have alcohol or drug problems.

I am going to ask everybody in this room right now to take the test. It is real simple. I am going to ask you to stand up and please take this alcohol test. Please stand up right now. Would you stand up back there? Everybody—the whole committee. There is no reason why you can't look at yourself either. Please stand up and take this test. You can learn out of this.

Mr. GUARINI. I suggest in order to keep order you may do it with the audience if you want.

Mr. GREEN. Okay. All right, it is real simple. Put your two feet together. Put your right hand up in the air. Put your left arm out to the side. Now put your left index finger in your left ear. On the count of three—I will say one, two, three, and ask you to squat down and bend your knees just like this, and hold that position.

All right, ready?

One, two, three, squat—three, look straight up. Repeat this: This guy——

The AUDIENCE. This guy.

Mr. GREEN. A little bit louder. This guy——

The AUDIENCE. This guy——

Mr. GREEN. Made——

The AUDIENCE. Made——

Mr. GREEN. A complete jackass out of me. [Laughter]

I will tell you why I do this—because you should see 120 of Penn State's football players standing up with their finger in their ear, looking like this. And I stand afterwards and I say, you laughed, you joked, everyone got set up. But why didn't one of you just put your hand up and say, wait a minute, let me see you do the test

first? Show me it. Because if you saw me do that you would say, you know what, I am not going to look like a fool. But nobody bothers to ask that question.

You know what we do? We follow, we go along with the crowd.

I suggest how many people on Friday nights follow the crowd to the bar because you know it is the end of the week, then you have a drink, and you deserve it. And sometimes you don't ask, well, if that is really good stuff, why is it really good stuff? Where did you get it?

Steroids. Am I really going to make the pros?

All of a sudden now you see 120 kids looking and saying, you know what?—if Green is an alcoholic, he didn't set out to be that way. He didn't set out to be a drug addict.

And if that is the type of programs to get their attention, it is working, because afterwards, do you know how many kids follow you to the car to say, I have a problem just like you?

Do you know a coach has the same type of problem? Why doesn't the coach go through this same seminar?

Our object is this: to get an awareness, to get attention. We have the best educational system in the world. And did you ever walk into a playground and you asked why did they pick on the athletes? I don't think athletes are picked on.

Walk into a third grade parking lot sometime and see a little kid bouncing the basketball. I'll bet that little kid is growing up and he is saying Magic Johnson. He is saying Julius Erving. I have never seen a little kid yet with a basketball say Ronald Reagan, George Bush, or anybody like that. They look up to athletes. They imitate them. If the athlete has a problem, they are going to have a problem. Same as the leader of the pack does, so will the whole pack.

So where do we change it? I believe it does start right here. I believe it is by bringing the best individuals in. Rollie Massimino says it best—if I had only had this program two years ago, we wouldn't have had a Gary McLain. But you know what, sometimes you train to look at X's and O's, and you never train to look at the things current or in trend right now.

And when we get to that point we do and are responsible to these athletes, whether it be drug testing, drug education—but it is time for everybody to take concern, not just college; these programs start at kindergarten and go all the way through to society.

And just that little program, just to show you what we do, did get some attention into this room. There are plenty of other things that need to be done like this. And the most important one of all: if someone is sick, to find a good rehabilitation center. I visit many, and I think a lot of people are making a lot of money the wrong way. So when you find one that gives rehabilitation, education, and spends the time—in Philadelphia we use Charter Medical. They do a very good job with this. But I would be very cautious as to where they go so they get the proper help and treatment.

Mr. Chairman, I had to be quick, but thank you for giving me that opportunity.

Mr. GUARINI. Thank you for being so inventive, Mr. Green.

Mr. Bell of WUST Radio "Inside Sports", we welcome you, sir.

TESTIMONY OF HAROLD BELL, FOUNDER OF COCAINE HOTLINE, WUST RADIO "INSIDE SPORTS" HOST, WASHINGTON, DC

Mr. BELL. Thank you very much. I would like to thank the chairman and other members of the Select Committee for having me here today.

I had second thoughts and mixed emotions about coming here today because, number one, I found out that doesn't anyone really, really care out here? You know, you wonder what is wrong with the drug problem. You wonder who bears the responsibility.

You have to go a little further than leadership on the local and the national level. Now, if the shoe fits, wear it. America is intimidated by truth, and truth tends to be controversial. Our priorities are all out of focus. I look around and we have got people saying, say no to drugs, don't foul out. It will take a whole lot more than that.

The wrong people are telling our youth to say no. We have got people on preview saying no to drugs and they are doing drugs themselves. You can't allow that. We cannot tolerate that. We must stop making excuses that he was black and grew up poor, or that he was Italian and his roots are in the old country, or that he is Hispanic and his life has always been about crime.

Calvin and I grew up in a poor black community in the ghetto, but we did not let our surroundings and circumstances dictate our future.

I am fed up with so much emphasis being put that the student and pro athletes' constitutional rights are being violated by random and mandatory drug testing. I would like for those people who say that spend one week answering my Cocaine Hotline. There are people from all walks of life are calling and pleading and begging for help.

America is putting itself in a position with drugs that we find ourselves with the cockroach—they are found in the best of homes.

I would like to say that cocaine is a bigger recruiter than the Army, Navy and Air Force. It is recruiting 5,000 new addicts a day. We have got a big problem.

My solution on how to strike out the drugs in pro sports—I am not entirely convinced that professional sports is serious about wiping out drug abuse in the athletic arena. Why am I not convinced? Because of the knowledgeable and sometimes well backed abuse of drugs by today's athletes. For example, heading the all-time junkie all star team, major league baseball Steve Howell, the NBA's Kareem Abdul Jabbar, and the NFL's Lawrence Taylor. The hear no evil, see no evil, and speak no evil attitude of today's owners, and office staff, and players, should no longer be tolerated.

To rid sports of drug users is not as complicated an issue as the owners and players would have you believe. There is a simple solution. There must be random and mandatory drug testing given to every professional athlete. I am well aware of how this system could easily be abused by vindicted owners and coaches.

I am suggesting that there could be implemented a checks and balance system to keep the abuse of the system to a minimum. If the owners are willing to pay these athletes' salaries ranging any-

where from $100,000 to $2 million a year, they should be able to randomly test their employees anytime they report to work.

This type of testing is being effectively and quietly implemented in private industry. The attitude is, if we are going to pay, you cannot and will not play.

On the other side of the coin, the athlete and even the emloyee in private industry must be protected from harassment by the employer. How can he be protected? If an owner wants to test an athlete for drugs and if he is wrong, the owner must pay for his mistake. The payment could be in a form of a $50,000 raise or a year's extension of the player's contract.

The player also would have an option to have his urine tested by an independent laboratory with a lawyer present. This would make the owners take extreme caution before calling a player in for testing. If the player's career is on the line, in all fairness, the owners should have something at stake besides the dreams of two million plus paying customers for the upcoming season.

Now, Cocaine Hotline may not be the solution, but at least it is not the problem.

Thank you.

[The statement of Mr. Bell appears on p. 203.]

Mr. GUARINI. Thank you very much for your succinct testimony.

It was testified earlier that education at the pro level is virtually useless.

Mr. Hill, do you find that that is so, that if the education doesn't take place at the lower level that it is past its usefulness to get into the professional leagues?

Mr. HILL. I think education is useful. My experience has been that for a person who is deep into his abuse or addiction, education doesn't do very much. But there are some players who either don't use, or are thinking about using, or who are not deep into using, and once they find out the consequences, i.e., that you can die from using cocaine, that it affects—you know, your heart muscle dies when you use cocaine—then those people can say, well, I am going to make a choice based on that consequence.

But for the full-blown addict, someone said that most athletes think, well, it won't happen to me. And you have to also understand that we are talking about an urge that is probably more reinforcing than the desire to eat or the desire for sex.

So, a person, although he may be deterred momentarily, ultimately will come back to that reinforcing urge. He will come back to that primary relationship. So, for that person, education doesn't help.

But I think education still is important, because not everybody who is thinking about using, or using, is beyond the point of no return where they need to be actively intervened.

Mr. GUARINI. Do you think the front office closes its eyes to much of what is going on amongst the players?

Mr. HILL. I can speak specifically for the Cleveland Browns, and I think the front office in that case for a lot of unique reasons doesn't do that. I have just two books recently. One by Hollywood Henderson who asserted that the Cowboys knew. The other by Lawrence Taylor who asserted that the Giants knew. As of yet, I

haven't heard of anybody suing those two people, so perhaps that does happen.

Mr. GUARINI. They should be responsible, I would assume, on behalf of the front office, if they do wink at the problem.

Mr. HILL. What you have to understand is that a lot of front offices don't understand the problem. So they tend to rationalize, they tend to——

Mr. GUARINI. I think they understand the problem. But I think that the lure of big money and big dollars, and winning, and going to the Super Bowl may outweigh their social conscience.

Mr. BELL. They have been winking since 1972.

Mr. HILL. Certainly they are in business to make money. One of the reasons I have been against urinalysis, random urinalysis, is because I wonder if that is going to be applied—you know, if Joe Montana fails a urinalysis the week before the Super Bowl, will he be barred, as opposed to the 13th hundred player in the National Football League.

Mr. GUARINI. What do you think? Should he be barred if he——

Mr. HILL. I don't think he should be barred but my point is this: I think, obviously——

Mr. GUARINI. Do you think we should tolerate it then? We think we should tell the whole world like in Dwight Gooden's case, you can always take drugs and come back. You can lick the problem. You keep getting chance after chance.

Do you think that makes a good role model if there is a high sense of responsibility on the part of the athlete to the public?

Mr. HILL. Let me say this about the Dwight Gooden case. I look at the Dwight Gooden case as a triumph.

Mr. GUARINI. A triumph for him, for himself. But I wonder whether it is a triumph as in the role model that he is for people throughout America.

Mr. HILL. I don't expect Dwight Gooden to be perfect. I don't think there is anybody that is perfect. I look at that situation as a person who sought help, who got help, and hopefully is on the road to sobriety.

As I indicated, one of the things you learn in treatment is that you should always seek help and know where there is help.

Mr. GUARINI. Help is right and it is humanitarian help. But how many chances should a person be given? What should the sanctions be? Should he be given three shots, or should he be given four?

You testified earlier that there are a lot of cases where people have succeeded after two or three shots--power of the public image.

Mr. HILL. Okay. We let our clinical psychiatrists make the decision as to when a player is beyond the point of no return. Now, there are players who fail, as I indicated. You know, the tendency to relapse is a part of the disease.

My attitude initially was if a person slips once or twice, get rid of him.

Mr. GUARINI. How do you feel, Mr. Bell?

Mr. HILL. But that is not my attitude today.

Mr. BELL. I feel that too much emphasis has been put on these professional athletes. A lot of these guys are making drug abuse pay. I am talking about the Hollywood Hendersons. I am talking

about the Mercury Morrises. I am talking about the Lawrence Taylors. And you have got these young folks out here seeing them going on to the Pro Bowls or—you know, fine everything. You know, they are not setting a good example.

I think that we have got to stop and take a look and stop putting these guys on a pedestal. I am concerned about one thing, Mr. Chairman, too, that all this money out here that they say they have for drugs, or prevention, and rehabilitation—we don't have any quality clinics, enough, not quality counselors, where people are calling me on my hotline that I can refer them to. Everybody needs some of this health insurance or some money to go into these clinics.

I am trying to figure out where is all the Federal money, or the local money, being spent for our drug prevention? It is a shame in this town that we don't have that. This clinic is taking in 4,000 people a month, and they are not helping but about two or three people. I am concerned about that.

I am concerned about the 12-year-old kid who called me on the Hotline last week. He said he had a cocaine problem because some teen-agers had made him take cocaine. He didn't want to tell his mom or his dad, and he had nowhere to turn. So I told him I couldn't do anything for him unless his parents got in. And this goes on and on, Mr. Chairman. We have got a big problem.

Mr. GUARINI. Do agents, in your experience, promise drugs to induce college athletes, or to induce professional athletes to join the team?

Mr. HILL. In some cases that is one of their major recruitment tools for an athlete.

Mr. GUARINI. Then the team itself, or the college itself, must be fully aware that drugs are offered to induce the athlete to play with them?

Mr. HILL. Colleges are aware of what the athlete can do for them on the field of play. And like teams, they tend to put their heads in the sand if it is not directed to what they have the player there for, or the prospective player.

Mr. GUARINI. That seems to be a very irresponsible position—to think that agents would be authorized to offer drugs to college or professional players as an inducement.

Mr. HILL. If you say authorized——

Mr. GUARINI. If the teams and associations take this attitude, then how could we ever expect to clean up the problem?

Mr. BELL. Mr. Chairman, a good example of that was out at Maryland University during the Len Bias death. The dorm out there was known as the drug dorm, and everybody on campus knew that. So I am trying to figure out why is it that the coaching staff was not aware of that. You know, I mean it is simple things like that I find very frustrating.

Mr. GUARINI. I just have one last thought. If an owner applied for a license for a team and if he had a criminal background, he probably wouldn't be allowed to enter into the League.

Mr. BELL. That is right.

Mr. GUARINI. If he was a narcotic or a drug addict or whatever it is, he would be turned down as being unfit for professional baseball or basketball or football, or whatever it is.

Mr. BELL. That is right.

Mr. GUARINI. So I say, if it is not proper for the owner of the team, why should it be proper for the player?

Mr. BELL. Good comment.

Mr. GUARINI. Mr. Chairman?

Mr. HILL. You said probably. I disagree with you.

Mr. GUARINI. I think it should cut both ways. I think that if a player who has a responsibility to the public and he is getting hundreds of thousands, a million dollars a year, doesn't think that he should have the discipline to be responsible to society, then he should not be able to hold himself up as a professional player. I think there is too much riding on this situation.

I think that if you hold an owner of a team up to one standard, I think on the players field you should have the players have the same standard.

Mr. HILL. Obviously we disagree.

I think if we were to try to create a sport that had players who had never used, we might not have a sport.

Mr. GUARINI. Let me ask you: After a horse race, a jockey has to take a test. And the court found that you can give a urinalysis test to a jockey because it was in the public interest—people bet on the horse, and if the jockey has a drug problem it becomes illegal for a jockey to abuse himself with drugs and be entered into a stakes race.

Now, if it is wrong for a jockey to take drugs, and if he is forced to take tests mandatorily after the race, then why shouldn't mandatory tests be used in regard to football, or basketball, or baseball players?

Mr. HILL. First of all, let me say this, Mr. Chairman, if you are going to effectively test to rid the sport of drugs, you have to test almost every three days.

Mr. GUARINI. That's the mechanics, it is not the principle I am talking about.

Mr. HILL. I think it is impossible to even think in terms of testing to rid the sport of drugs, anymore so than to think pouring money into the Coast Guard for interdiction is going to stop the flow of drugs.

Mr. GUARINI. No, but it could be at random. You don't have to test everybody every three days.

Mr. HILL. I just do not see random drug testing as a way to stop the use and abuse of drugs in professional sports.

Mr. GUARINI. The plane that you take back home, would you want to see that the pilot is tested at random? I mean, when he takes that plane off that ground, does he have a responsibility to everybody in the plane?

Mr. HILL. I don't make the same——

Mr. GUARINI. No, but is there a responsibility to the millions of children throughout America to have this man as a role model?

Mr. HILL. I think random drug testing is a very simplistic solution to a very complex problem. And I think that if we sit here and say that we are going to undertake random drug testing of all professional sports, we are doing this country a disservice. That is not going to rid it in professional sports or, in my opinion, will it rid this country of——

We have a responsibility in professional sports to be role models. In my opinion, that is to be honest, to be truthful about the situation, to acknowledge we have a problem, and to acknowledge that we are doing something that is alleviating our industry of the problem.

Mr. GUARINI. The Director of the NCAA testified earlier that it was their experience and have statistics that prove that drug testing is a deterrent.

Mr. GREEN. Villanova University is a good example of this. Two years ago all coaches were against testing. After what happened to Gary McLain, Rollie Massimino stood up and said, if I have to pay for the testing myself, I think all athletes need to be tested because I didn't know the problem was that bad.

Every coach voted that day—this is the first time I have ever seen this happen—to favor testing. Every one of the coaches, 50-some coaches, because the problem is here. This is one part, one part of the solution to help or not.

Mr. GUARINI. Mr. Chairman.

Mr. RANGEL. Thank you, Mr. Chairman.

Mr. Hill, I think that you and the Acting Chairman are probably missing each other. As Mr. Bell has pointed out, this is a great complex problem. There are no experts on either side of these mikes. We all are trying to search for answers to this serious problem. And, of course, it builds up a lot of frustration as to why we are supporting countries that openly are having bumper crops; why we are invading island countries when we can't even protect our borders; why we vote money in the Congress and you can't find it through your D.C. Government.

But what we are talking about here is not the modality or the tools that are necessary for testing; and certainly we are not talking about violating anybody's constitutional rights. It is a tool. I don't want to get involved in that tool.

The thrust of the chairman's questions to you is basically, do you believe that professional athletes—not the high school kids that reflect society, and believe me, I think they should get support, and treatment, and job skills, and psychiatrists, and anything else available—but with you people, like with us, you have selected for yourself a different role. You have decided you want to be a super person. We have decided that we want to be in the public's eye. And I don't believe that we should get up at bat three and four times as a Member of Congress. We break the rules, we pay the price. We need psychiatric, loved by mothers and wives and kids, like anybody else. And my heart goes to the individual.

I support all of your techniques, and family reunions, and rehabilitation, and all those things that you are talking about—hold hands, pray together. I support it.

But the chairman is saying that once we have given you the support at the gate, the support of our sons and our grandchildren, do we think that you should just get up at bat two and three times because of your human failings? Or do you believe that for this particular category of people—don't make the laws harder on; don't take away any constitutional rights—but just say that this is exactly what we don't want as role models. You should know it when you select it. You should know it when you are accepted. And

you break the rules—you get all the supportive service in the contracts, but you don't play on our field in front of our kids on national television.

Mr. HILL. I do believe very strongly—and I understand the importance of role modelship. And I understand the fact that kids in this country—I have a son 14, who looks up to Dr. J. and Magic J. and the various basketball players. And I understand the effect that those people have over him.

I was a former athlete, and I was very cognizant while I was playing that there were lots of eyes on me, people watching me. I was very aware that I influenced a lot of people.

I am not disagreeing. I believe very strongly in the need in this country for athletes to be very positive role models. I also believe very strongly in the importance that everybody—part of responsibility is understanding that there are consequences for your behavior. And never at any time when we are dealing with our players and talking about not only the medical consequences but also the legal consequences——

Mr. GUARINI. I am not talking about the legal consequences because we can't enforce laws against users. Now, I haven't heard too much understanding of consequences from your testimony. You have talked a lot about rehabilitation and compassion, and I don't argue with you.

I want you to deal with the set of rules that deals with consequences. I don't have any problem in saying that public officials—they don't get the second chance. That's the breaks. They knew it when they got into the game. And I don't get that type of feeling from you at all.

You are saying the triumph is how many times the individual can overcome his weakness. And I am saying, kick the bum out.

Now, I know I don't know what I am talking about because I don't have personal experiences. I just deal in broad issues and I am just trying to have some standards. And when my kid cries because the guy has been kicked out, I have to explain to him, son, it is a rough thing. I hated to see that, he had such a bright future. But those are the rules of the game of life.

Mr. HILL. I agree. I do not disagree with that.

Mr. BELL. Cocaine is poison.

Mr. HILL. I am saying, and one of the things we even tell our players—at some point it may be more important——

Mr. RANGEL. Where do you find that play? Your testimony—what we are trying to see without setting the rules, how those of you who are the professionals—we set up our Ethics Committee. Worst thing we ever did. They are worse on us than the FBI. But we are monitoring ourselves, and turning each other in. It is absolutely ridiculous but, nevertheless, in order to maintain some public trust we have this committee that reviews our conduct—what we spend out of campaigns; what we spend on our automobile. Where did the gasoline go? Was it a political affair or a legislative affair?

We want to find out, what are you people doing to set up the same type of monitoring so that we would know there is no need for a know nothing Congress to investigate; there is no need to have undercover people in the locker room.

I am just saying that while I applaud your compassion, you don't give me much confidence, Mr. Hill, that anybody is going to pay the price—and I am not talking about going to jail—but paying the price and losing the prestige that goes with being a superstar. That is the problem I have.

Mr. BELL. Mr. Chairman, before you close out of here, I would like to one thing: There is only two ways with drugs, and you mentioned one of them—you are going to jail or you are going to die. There is one example of a running back that Calvin is well aware of, that after a Super Bowl win, another player asked him, what are you going to do with your play off money?

I am going into Colombia to get some of that good cocaine.

So where do we draw the line? Here is a guy that is a professional making all kinds of money, but he is going to take his play off money and go buy some of that good cocaine from Colombia, to bring back and sell it.

Where do we draw the line? We have got to draw it somewhere, Calvin.

Mr. RANGEL. It is an education for all of us. Give that some thought, Mr. Hill.

Mr. GUARINI. Mr. Akaka.

Mr. AKAKA. No questions.

Mr. GUARINI. Gentlemen, we thank you, it was very lively. We appreciate the exchange and your thoughts will be recorded on the record.

Thank you very much.

[Whereupon, at 1:30 p.m., the select committee was adjourned.]

PREPARED STATEMENTS

OPENING STATEMENT BY REP. CHARLES B. RANGEL, CHAIRMAN HOUSE NARCOTICS COMMITTEE, HEARING ON SPORTS AND DRUG ABUSE PREVENTION

THE HEARING WILL COME TO ORDER.

THE PURPOSE OF TODAY'S HEARING IS NOT TO SINGLE OUT ATHLETES WITH DRUG PROBLEMS, BUT TO SEE WHAT THE SPORTS COMMUNITY IS DOING TO ADDRESS THE ISSUE.

WE NEED TO ACKNOWLEDGE THAT SPORTS EVENTS AND ATHLETES ARE PERCEIVED BY MANY PEOPLE AS LARGER THAN LIFE. THEREFORE, STORIES ABOUT DRUG ABUSE AND SPORTS HAVE ASSUMED LARGER THAN LIFE PROPORTIONS. THIS PLACES A SPECIAL RESPONSIBILITY ON THE SPORTS COMMUNITY TO COME TO GRIPS WITH THE PROBLEM OF DRUG ABUSE.

BUT DRUG ABUSE IS A SOCIETAL PROBLEM, AND IT SHOULD COME AS NO SURPRISE THAT ATHLETES WOULD HAVE THE SAME PROBLEMS AS SOCIETY AS A WHOLE.

WE WANT TO FIND OUT HOW THE SPORTS COMMUNITY HAS RESPONDED TO THE DRUG PROBLEM, AND HOW TREATMENT AND PREVENTION MEASURES BY PROFESSIONAL, COLLEGE, AND HIGH SCHOOL SPORTS ARE APPLICABLE TO OTHER AREAS.

BECAUSE OF THE UNIQUE PLACE OF SPORTS IN OUR SOCIETY, WE WANT TO SEE HOW SPORTS AND SPORTS ORGANIZATIONS CAN CONTRIBUTE TO NATIONAL DRUG PREVENTION EFFORTS.

THE CONGRESS HAS GIVEN OUR COMMITTEE THE RESPONSIBILITY TO CONDUCT CONTINUING OVERSIGHT OF THE PROBLEMS OF NARCOTICS ABUSE AND CONTROL, INCLUDING TREATMENT, PREVENTION, AND REHABILITATION. THE SPORTS COMMUNITY CAN PLAY AN EXTREMELY IMPORTANT ROLE IN THIS PROCESS.

AT THIS POINT, FOLLOWING THE STATEMENT OF BENJAMIN GILMAN OF NEW YORK, OUR RANKING MINORITY MEMBER, I AM VERY PLEASED TO ASK REP. FRANK GUARINI OF NEW JERSEY TO CONDUCT TODAY'S HEARING BECAUSE OF HIS INTEREST AND EXPERTISE IN THIS SUBJECT.

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OPENING STATEMENT BY REP. FRANK J. GUARINI (D/NJ)
AT HEARING ON "SPORTS AND DRUG ABUSE PREVENTION"

THE PURPOSE OF TODAY'S HEARING IS NOT TO FIND OUT WHICH ATHLETES ARE USING DRUGS. WE'RE NOT POINTING FINGERS. WHAT WE DO WANT TO FIND OUT IS WHAT IS BEING DONE NOW, AND WHAT MORE CAN BE DONE, TO END A GROWING NATIONAL TRAGEDY.

THE DEATHS OF PROMINENT ATHLETES LEN BIAS OF THE UNIVERSITY OF MARYLAND AND DON ROGERS OF THE CLEVELAND BROWNS HEIGHTENED OUR NATIONAL DESIRE FOR A BONA FIDE SEARCH FOR SOLUTIONS. BUT THAT WAS A YEAR AGO. AS THE CBS TV EVENING NEWS POINTED OUT LAST WEDNESDAY, SINCE THE PRESIDENT SIGNED THE CONGRESS'S ANTI-DRUG ABUSE ACT WITH MUCH FANFARE IN OCTOBER, "THE SILENCE IS TERRIFYING."

I HOPE THIS HEARING AGAIN OPENS THE DOORS OF NATIONAL DISCUSSION. OUR CHILDREN ARE DYING AND RUINING THEIR LIVES FROM DRUGS. THE NATIONAL INSTITUTE ON DRUG ABUSE REPORTS AN ALL TIME HIGH IN THE NUMBER OF DAILY COCAINE USERS, MEANING ADDICTS. THAT IS TERRIFYING.

MANY PEOPLE FEEL THAT ATHLETES AND SPORTS ORGANIZATIONS HAVE A SPECIAL RESPONSIBILITY TO BE POSITIVE ROLE MODELS, FOR YOUNG PEOPLE IN PARTICULAR. THE REALITY IS THAT ATHLETES HAVE THE SAME FRAILTIES AND PROBLEMS AS THE REST OF SOCIETY. BUT A TREMENDOUS AMOUNT OF ATTENTION IS PAID TO WHAT HAPPENS IN SPORTS. AMERICANS AND PEOPLE ALL OVER THE WORLD HAVE BEEN FASCINATED BY SPORTS, AND PROBLEMS IN SPORTS INCLUDING DRUGS ARE MAGNIFIED.

TODAY WE WANT TO LEARN HOW THE SPORTS WORLD IS RESPONDING TO THE PROBLEM OF DRUG ABUSE AMONG ATHLETES. WE WILL ALSO EXPLORE HOW THE SPORTS COMMUNITY CAN CONTRIBUTE TO BROADBASED NATIONAL DRUG ABUSE PREVENTION CAMPAIGNS IN OTHER WORKPLACE, SCHOOL, AND COMMUNITY SETTINGS. OUR COMMITTEE HAS BEEN EXAMINING DRUG ABUSE IN THE WORKPLACE, AND FOR ATHLETES, THE SPORTS ARENA IS THEIR WORKPLACE.

WE MUST STRIVE TO HAVE ADEQUATE EDUCATION, PREVENTION, AND TREATMENT PROGRAMS AT THE PROFESSIONAL, COLLEGE, AND HIGH SCHOOL LEVELS. IF WE HAVE TO DO BATTLE WITH THE ADMINISTRATION OVER FUNDING OF DRUG PROGRAMS, WE WILL DO SO.

TODAY'S HEARING WILL HAVE THREE PANELS TO EXAMINE SPORTS AND DRUG ABUSE PREVENTION: PROFESSIONAL SPORTS; COLLEGE AND HIGH SCHOOL SPORTS; AND SUPPORT FOR ATHLETES.

WE HAVE A DOZEN WITNESSES, ALL WITH VERY VALUABLE TESTIMONY. IN THE INTEREST OF TIME, WE WILL ASK WITNESSES TO LIMIT THEIR VERBAL STATEMENTS TO 5-7 MINUTES, AND WE WILL INVOKE THE FIVE MINUTE RULE ON QUESTIONING BY MEMBERS. IN THIS WAY, WE CAN HEAR EVERYONE.

OPENING STATEMENT

OF

HONORABLE BENJAMIN GILMAN

RANKING MINORITY MEMBER

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

HEARINGS ON SPORTS AND DRUG ABUSE PREVENTION

SEPTEMBER 10, 1987

THIS MORNING'S HEARING ON SPORTS AND DRUG ABUSE PREVENTION PRESENTS THE SELECT COMMITTEE WITH AN OPPORTUNITY TO ASSESS THE EXALTED AND UNIQUE NATURE OF SPORTS IN OUR SOCIETY, NOT ONLY AS IT PERTAINS TO ATHLETES, BUT THE EXAMINATION OF OURSELVES AS FANS OF THESE VARIOUS SPORTS.

THE PAST SEVERAL DECADES HAVE HAVE SEEN ORGANIZED TEAM SPORTS, WHETHER PROFESSIONAL OR NOT, CHANGE IMMENSELY. ATTITUDES HAVE CONTRIBUTED TO THIS CHANGE, AS HAS MONEY. ONE QUESTION WE MUST ADDRESS THIS MORNING IS THE TRANSITION FROM "PLAYING A GAME" TO "WINNING AT ANY COST". AND THE RELATED ISSUE OF WHETHER ANY SPORT IS A GAME ANYMORE ALSO LOOMS ON THE HORIZON. IT IS IN THIS CONTEXT THAT WE EXAMINE THE SCOPE AND NATURE OF SUBSTANCE ABUSE THIS MORNING.

WITH EACH AGE COME DIFFERENT PRESSURES. WE HAVE BEFORE US TODAY INDIVIDUALS WHOSE PROFESSIONAL EXPERTISE CAN ASSESS THE SPECIFIC UPHEAVALS ASSOCIATED WITH HIGH SCHOOL, COLLEGE AND PROFESSIONAL SPORTS, AS WELL AS THE DEPTH OF SUBSTANCE ABUSE AT EACH LEVEL. IT IS IN DISCUSSING THIS ASPECT OF THE PROBLEM THAT I HOPE OUR PANELISTS WILL ALSO ADDRESS NOT ONLY THE KINDS OF ILLICIT DRUG ABUSE THEY HAVE FOUND, BUT ALSO THE ABUSE OF PAIN KILLERS AND OTHER PRESCRIPTION DRUGS WHICH ARE SO MUCH A PART OF THE PHYSICAL PRESSURES OF SPORTS. THE EMOTIONAL PRESSURES ALSO NEED TO BE DISCUSSED, AND IN THIS INSTANCE I REFER NOT ONLY TO THE INTERNAL PRESSURE TO PERFORM FROM PARENTS, COACHES AND OWNERS BUT THE EXTERNAL PRESSURE FROM FANS OF ALL AGES.

IN SPORTS WE SEE A MICROCOSM OF OUR OWN LARGER WORLD. ATHLETES AND THEIR SPORT ARE CLOAKED IN MYSTIQUE AND RITUAL, GUIDED BY ARROWS AND EXXES THAT MOST OF US DO NOT FULLY UNDERSTAND. THE SPECTER OF DRUG ABUSE IN THIS SHELTERED COMMUNITY IS ONE THAT NEEDS TO BE EXAMINED IN THE OPEN LIGHT OF DAY, CANDIDLY AND HONESTLY. IT IS ONLY THROUGH PREVENTIVE ACTION, TREATMENT AND UNDERSANDING THAT WE CAN ALTER WHAT HAS BECOME A VERY DISTURBING ASPECT OF OUR CULTURE YET. IT IS THIS MYSTIQUE THAT MUST BE SHATTERED IF WE ARE TO MAKE A POSITIVE CHANGE IN THE LIVES OF THESE PLAYERS AND THOSE AROUND THEM.

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
HEARING ON DRUG ABUSE AND SPORTS

OPENING STATEMENT OF THE HONORABLE JOSEPH J. DIOGUARDI

Mr. Chairman, I commend you for calling this hearing today. This is not the first time we have asked professional athletes to report to Congress on the present situation with drug abuse in professional sports. However, the significance of their testimony today will be the presence of representatives of high school and college athletics.

I am hopeful that we can generate in today's testimony a dialogue between the professional representatives and the amateur representatives regarding the relationship between drug abuse in their respective groups. It has often been said that our young people who look up to pros are negatively influenced by their abuse of drugs. Maybe today we can leave a clear impression of just how significant that poor example is in the lives of young and impressionable athletes.

I am heartened by the responses of professional sports governing bodies to the indiscriminate use and, often times, abuse of illegal drugs by the players. Suspensions of such stars as Dwight Gooden of the New York Mets and Michael Ray Richardson of the New Jersy Nets for their drug abuse has taught our young people a valuable lesson. Drug abuse demands a high price: your career, your future, your health, and as ~~Len Bias~~ we have through the loss of Len Bias tragically learned, often times, your life.

Mr. Chairman, I am encouraged by the response of many

professional athletes to the drug abuse problems of the young people in our society and the positive role model they can play in combatting this problem. John Lucas of the Milwaukee Bucks is working with kids in summer camps, giving them personal testimony to where drug abuse leads. Former pro athlete Bill Scheu and the program he has helped to initiate "Hugs are Better than Drugs" represents the best that the professional sports community has to offer. I commend such efforts, am confident of their positive impact on drug abuse in our society and hope that these initiatives will continue with renewed vigor.

Mr. Chairman, I look forward to the testimony of our able witnesses. Thank you.

STATEMENT OF GENE UPSHAW
EXECUTIVE DIRECTOR
NFL PLAYERS ASSOCIATION

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
UNITED STATES HOUSE OF REPRESENTATIVES
September 10, 1987

Mr. Chairman and members of the Select Committee:

My name is Gene Upshaw. I am Executive Director of the NFL Players Association (NFLPA), the exclusive bargaining representative for players on all 28 NFL teams. The NFLPA is a member of the Federation of Professional Athletes, which I am proud to say is affiliated with the AFL-CIO. I also serve on the Executive Council of the AFL-CIO.

On behalf of the 1500 professional football players in the NFL whom the Players Association represents, I appreciate your invitation to appear today to discuss the very important issue of drug abuse and the response of the athletic community, in particular the NFLPA.

First, let me address drug testing in the work place and the procedures we established in the NFL through collective

bargaining to treat, care for, and eliminate chemical dependency problems of players.

At the outset, I want to stress that the NFL Players Association and its members recognize the vital need to curb chemical substance abuse and misuse. We are keenly aware of the devastating costs the drug problem poses today in terms of human tragedy (to individuals and their families), as well as the dollar cost to society in law enforcement, health care, injuries, and death. We have worked with the Department of Justice and the Drug Enforcement Administration for several years to develop an educational program addressed at stopping chemical dependency. Our members participate in Demand Reduction and the "Sports Drug Awareness Program" developed through the Drug Enforcement Administration. We have also developed "Super Teams" in which our members participate in community service organizations around the country working in various activities directed at controlling drug abuse and misuse.

Mr. Chairman, we also recognize that the special attention bestowed on us as professional athletes affords us special opportunities to communicate with youth and we seek to use that special status in responsible ways.

As employees engaged in a physically demanding occupation, involving significant risks of physical injury, and requiring physical conditioning and fitness, we also are particularly aware of the increased dangers that chemical substance abuse presents. For these and other reasons, in 1982 we established a collectively-bargained procedure to detect, educate, and treat players determined to be chemically dependent. I am proud to say that since 1982 our union has repeatedly sought to improve educational, rehabilitation, and after-care aspects of our collectively-bargained drug program.

In brief, the program developed in the NFL through collective bargaining provided the following elements:

. detection of drug use by players;

. education of players determined to be chemically dependent;

. treatment of players determined to be chemically dependent;

. a central organization (unconnected with management or the union) to evaluate existing chemical dependency facilities used by teams; to provide education programs, to conduct reasonable-cause testing of players suspected of being chemically dependent; and to process medical bills for players treated so as to protect confidentiality of medical reports and the names of players.

We believe that urinalysis testing of players, and their treatment, rehabilitation, and education concerning chemical dependency are mandatory subjects of bargaining. We also believe

that the success of any such program depends on trust and cooperation. In that regard, the collective bargaining process is a critical means of developing and securing the trust and cooperation under which such a program can be effective.

Our goal in the NFL Players Association has been to educate, test, treat, and rehabilitate. The fact that significant publicity surrounds professional athletics often leads management to try to impose a quick cure at the expense of individual rights or in disregard of the collective bargaining agreement. We have taken all necessary legal steps to assure that the terms and conditions of the collective bargaining agreement are observed and enforced. In 1986, two arbitratrion decisions sustained our collective bargaining agreement against such efforts by the Commissioner, who attempted to impose unscheduled drug tests without reasonable cause.

Our agreement provided for urinalysis testing at the pre-season physical and upon "reasonable cause" at the direction

of the team physican. Our agreement prohibited random testing. The so-called "augumented" program proposed by Commissioner Rozelle directly conflicted with the program agreed to in collective bargaining. A successful program must be based on cooperation.

I am pleased that after lengthy hearings the arbitrators carefully deliberated the issues and sustained our view that the collective bargaining agreement defined the scope of permissible testing.

As we approach the serious problem of drug abuse and dependency in our society, we must recognize there are no overnight solutions. We need programs that include education, treatment, rehabilitation, and confidentiality. In particular, confidentiality assures that individual interests will be protected.

We also must be mindful that our form of government is based on certain fundamental values. We are a free society where

government does not intrude in our lives without just cause; where we are presumed innocent until proved guilty; and where we are protected by law from being forced to testify against ourselves. Recent court decisions in Florida, New Jersey and New York have held that random testing of public employees violates the unreasonable search and seizure provisions of the Fourth Amendment. Unless such tests are part of an annual physical or based on "reasonable suspicion" or probable cause that an employee is using a controlled substance, such random testing is prohibited. City of Palm Bay v. Bauman, 475 So.2d 1322 (Fl. App. 5 Dist. 1985); Capua v. City of Plainfield, 643 F.Supp. 1507, 1513 (D. N.J. 1986); Patchogue-Medford Congress v. Board of Education, 505 N.Y.S.2d 888,891 (A.D. 2 Dept. 1986); Caruso v. Ward, 506 N.Y.S.2d 789,792 (Sup. 1986).

We need to reevaluate the reliability of urinalysis testing: some have claimed that such tests produce false positive rates of between 5% and 20%. Without proper safeguards,

numbers of individuals could be falsely branded and their careers and lives ruined. We need to encourage cooperation with law enforcement authorities to help identify and convict drug dealers. We need to improve counselling, and after care programs, and to strengthen our efforts to dissuade those who have not turned to drugs from becoming dependent on them. Government, labor, and management should bear all of these values and goals in mind when addressing the scourge of drug abuse. We must remain sensitive to individual concerns of privacy, the accuracy of drug testing, and the legality of the procedures adopted.

Mr. Chairman, our 1987 collective bargaining priorities include an improved drug and alcohol abuse prevention program. We do not agree with the owners that mandatory testing is the answer. We continue to press for our proposals at the bargaining table.

We believe that the best approach is through a comprehensive collectively bargained program that discourages

drug use, helps those with drug abuse problems, and protects the rights of players. The comprehensive program we suggest includes an in-depth educational program, quality rehabilitation and after-care, stiffer penalties for players who repeatedly fail drug tests, more "teeth" in reasonable cause testing, a $50,000 fine for any member of management who is guilty of a breach of confidentiality, and a career and financial counselling plan to help all players.

Drug trafficking and drug abuse are nationwide calamities, far exceeding the capabilities of State and local governments to curb. Federal action is essential to interdict drug traffic and to assist the development of effective education, treatment and rehabilitation programs.

Based on our experience in the NFL, I believe any serious effort to curb drug abuse, at the minimum, must include:

- improved education programs to stop those who have not used drugs from starting;

- improved treatment programs for those with dependency problems aimed at helping rather than punishing. One example would be a college athlete who could benefit from such treatment, but may fear the loss of a scholarship by entering a treatment program. In other words, those with dependency problems should be encouraged to seek help.

- encouragement to cooperate with Federal, state and local law enforcement agencies to identify and help convict drug dealers. Too often, sanctions are imposed by organized sports on those who come forward and cooperate and this can have a chilling effect on law enforcement efforts.

Of paramount importance in any effort, is the development of trust and the assurance of confidentiality. Our experience in the NFL teaches that drug abuse is too serious to

be treated as a public relations issue. It requires good will and a serious commitment to provide realistic treatment and rehabilitation programs to deal with the problem.

This concludes my written statement. I will be pleased to answer the Committee's questions. Thank you.

STATEMENT OF JAY MOYER

Executive Vice President and League Counsel
National Football League

BEFORE THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
OF THE UNITED STATES HOUSE OF REPRESENTATIVES

September 10, 1987

STATEMENT OF JAY MOYER

The National Football League welcomes the opportunity to participate in this hearing on drug abuse and sports. On behalf of Commissioner Pete Rozelle, I want to thank you, Mr. Chairman, and the members of the Committee for your interest in this subject. Several years ago the League held valuable discussions about our drug policy with your former chairman, Congressman Leo Zeferetti of New York. We appreciate -- and we share -- the Committee's concern with this subject.

It is useful in any discussion of drug abuse and sports to keep in mind that a major professional sports league such as the NFL is, in a sense, part of several worlds. We are of course in the sports world, infused with the ideals of healthy bodies and honest games that such a tradition entails. But we also are very much a part of the entertainment business, a highly publicized milieu that generates many of the same rewards, temptations and pressures for football players as it does for rock musicians and movie stars. In terms of age and income, our players are affluent young adults, a highly visible and tempting collective target for exploitation by those who push illegal drugs.

In terms of personnel and by comparison to many other sports, the NFL is small, consisting of fewer than 3,000 players, coaches, and administrators spread over 28 teams. Our numbers do not approach those of college football or professional baseball. But the League recognizes that

regardless of its relative size, the intense popularity of NFL football makes it an important and highly visible element of the nation's athletic community.

Moreover, we accept the fact that our position at the professional level of a sport played by thousands of young people in schools and colleges carries with it a solemn responsibility to deal as effectively as we can with improper use of drugs and alcohol. Whether they like it or not, NFL players are role models for millions of young people in this country. As leaders in the industry, it is our obligation both to keep our own house in order and to set a good example for others.

The NFL's formal efforts to combat drugs began over 16 years ago when Commissioner Rozelle promulgated a policy to counteract the use by players of performance-enhancing substances such as amphetamines. Over the years, as illegal drugs proliferated in society at large and the NFL inherited increasing numbers of players who had used drugs in college, the Commissioner's policy underwent strengthening and updating to handle the emerging problems -- for example, cocaine and anabolic steroids.

As arbitrator Richard Kasher noted last October, "The NFL has been in the forefront of the fight against drug abuse prior to it having recently

become fashionable to be 'anti-drug'." The best description of the NFL's philosophy in administering its drug policy through the last decade and a half is "humanitarian but firm." Through the years education was stepped up, arrangements were made for expert counseling and medical treatment, and owners of our clubs assumed the financial burden of hospitalization and rehabilitation to get players back to productive, drug-free lives. At the same time, it was necessary in some cases for the Commissioner to fine or suspend players for their involvement with drugs.

I can tell you today that while considerable progress has been made in this area in the NFL, we are not satisfied. Due to the strong opposition by our players' union to increased testing for drugs, we are often frustrated in our effort to get a firm handle on one of the points that you, Mr. Chairman, are seeking to explore in this hearing: "the nature and extent of drug abuse" in our sport.

Five years ago the NFL Management Council, the collective-bargaining arm of the League's 28 member clubs, agreed with the NFL Players Association, the union representing all NFL players, to allow clubs to administer one League-wide urine test for drugs as part of the preseason training-camp physical examinations, and to test individual players at other times if "reasonable cause" could be established. As well-intentioned as

these measures were, it soon became obvious to many within the League that one preseason drug test, announced well in advance to all players, could detect use by only the naive or the addicted. Drug experts tell us that a drug user on a professional athletic team is unlikely to be either a casual experimenter or an addict and more likely to be somewhere between the two: a "binger," who occasionally goes on a binge and abuses drugs, who may later become an addict, and who can abstain long enough to show negative results on a scheduled and pre-announced drug test. This is particularly true of those who use cocaine, which stays in the body for a relatively short duration.

It is for these reasons that the League has advocated unscheduled drug tests during the playing season to detect usage by players who may be at the "binger" stage and need identification and treatment to prevent possible future tragedy. Members of the Committee probably are familiar with the drug deaths in sports in recent years. One of these occurred when Don Rogers, an outstanding defensive back for the Cleveland Browns, took a fatal overdose of cocaine, as former University of Maryland basketball player and Boston Celtics draftee Len Bias had done only eight days before. We in the NFL believe that even a death occurring in the off-season, when a player may be far from the city where his club is located, might well be avoided if the player's drug abuse were discovered and treated earlier while he is performing for his team.

Following the disclosure on the day after the January 1986 Super Bowl game of past drug use by several members of one of the participating teams, Commissioner Rozelle concluded that then-existing anti-drug procedures in the NFL were not working effectively enough and that stronger measures were required. He advised both the Players Association and the Management Council that if they could not jointly improve the situation he would take steps to deal with this problem, which was seriously damaging the health of players and of the sport itself.

Accordingly, in the absence of any subsequently negotiated improvements, in July of last year the Commissioner announced an augmented program that included appointment of a nationally-recognized physician as Drug Advisor for central coordination, retention of a leading laboratory for uniform analyses of drug tests, and the establishment of two unscheduled urine tests to be given to all players on each team at unannounced times during the playing season. A grievance by the players' union ensued. The arbitrator, while affirming the other elements of the Commissioner's augmented program and his authority to implement it, ruled against the unscheduled tests because he felt the bargaining history showed that the NFL Players Association had negotiated a limitation on drug testing in the 1982 labor contract to one preseason test and "reasonable cause" testing.

That is where we stand today. The bargaining agreement between NFL clubs and the players' union expired on August 31, and the parties are attempting to resolve their differences over a wide range of issues. Whether any new labor contract will include improvements in the drug-testing area is currently unknown and unpredictable.

Meanwhile, we have recently completed the testing of players at this season's training camps. The results of those tests, including special screens for anabolic steroids, will be evaluated by the NFL's Drug Advisor and the individual team physicians; together they can then take appropriate action on positive tests, sending players to either inpatient or outpatient treatment.

However, due to the union's concern about confidentiality, the results of specific players' tests are not revealed to the Commissioner's office. The Commissioner only becomes involved when a player's medical condition requires removal from his team's roster, or when his case has been publicized and warrants disciplinary action. Too often, therefore, the Commissioner, charged with maintaining the integrity of the NFL and public confidence in it, is relegated to first hearing about a player's drug abuse when that player is arrested or otherwise involves himself in a distasteful public incident.

Within a few weeks the League's Drug Advisor will compile a statistical summary (without player names) of all positive tests and of drugs consumed. The Commissioner's office is precluded from providing this Committee with such information without prior agreement of other involved parties -- the Management Council and the Players Association. It should be noted, however, that even if such permission were granted, the statistics will only reflect usage detected by scheduled testing, which, for reasons mentioned earlier, is a less than reliable measurement of drug use within the League.

Attached to this statement is a copy of the current NFL Drug Policy. This document should answer any questions the Committee may have about treatment, education, the League's position on marijuana, the state-of-the-art methodology employed in our drug analyses, and the procedures to handle performance-enhancers such as anabolic steroids.

A word on drug education. The NFL believes that education is an important part of our anti-drug effort, but it is not a panacea. For some players it does little good. We have had first-hand experience with players who made remarks much like this: "I slept through those films and drug lectures, but the one thing that got my attention was when I was arrested," and: "My best teacher is my regular urine test. Passing that

is my main motivation, not a speech or a slide show." While we do not minimize the critical need for this country to aim drug education at its youth, the professional athlete is often beyond the impressionable years when drug education may have its greatest effect.

As for alcohol, we fear that this chemical, despite its legal status, may be the most often abused drug in the League. In 1983 Commissioner Rozelle suspended and fined a young linebacker who got drunk after a team scrimmage and committed vehicular manslaughter on a nearby highway. The player also served time in jail. In the same year one club's top draft choice barely made it through his first training camp before he over-indulged in alcohol and was involved in a highway accident that left him a paraplegic. Just two weeks ago, one of the NFL's premier quarterbacks was released after his second round of in-patient treatment for alcoholism.

One of the tragic by-products of drug abuse in sports is the unfortunate effect it has on athletes who do not turn to the bottle, the needle, the pill, the strange cigarette, or the white powder. Despite the opposite impression that some celebrated incidents have created, we believe the vast majority of NFL players do not abuse drugs in any form. Sadly, however, it was not untypical when a player recently complained that he had

spent most of a holiday outing with relatives attempting to convince them that just because he is a professional athlete it does not necessarily follow that he also is a drug user.

Mr. Chairman, in conclusion let me respond to your question of "how owners, administrators and players can establish a drug-free playing environment." If this ideal is ever to be achieved, first the administrators -- in the case of professional sports, the commissioners -- must be given every possible tool to detect drug use wherever and whenever it may occur, and they must follow up with carefully planned procedures of treatment, education, and, where necessary, discipline. Second, club managements must be disabused of the notion that a player's drug use can be ignored or his treatment postponed until after his athletic contributions to the team are fulfilled; prevalence of a contrary belief in some quarters is precisely why a drug program within a sports league can never be uniform or truly effective if run by the individual teams. Finally, players must realize that to continually and reflexively oppose drug testing as a violation of personal rights will ultimately damage the interests of all players by undermining the public's confidence in the very business that provides their livelihood.

DRUG POLICY

of

THE NATIONAL FOOTBALL LEAGUE

July 1987

FROM THE COMMISSIONER

The following pages detail the National Football League's current policy on drugs. All players and other League personnel should read this information carefully.

For many years the Commissioner's office has promulgated measures to deal with problems involving drugs, beginning in 1971 with efforts to counteract abuse of amphetamines and similar substances. This was followed by periodic strengthening and updating of the policies to meet new problems, such as cocaine and anabolic steroid use, as they arose.

Of primary importance in the League's approach to this issue are the involvement of an expert drug advisor to ensure uniformity and centralized administration of all parts of the policy, and the use of urinalysis to detect drugs and deal with them effectively and expeditiously.

The plain fact is that drug use can remain undetected until it is too late. This can lead to personal tragedy, diminished job performance, injury to drug-using players or others who come in contact with them, potentially disastrous financial ramifications for players and clubs, adverse fan reaction, and generally a blot on a profession whose participants, due to their public visibility and the nature of their work, should maintain high standards of conduct and a sound respect for physical health.

Drugs in our society are a scourge. While no one can be so blindly optimistic as to expect any particular group or business to be totally free of such ills, we should nevertheless aim for that goal. Drug abuse is fundamentally a health problem -- threatening the health of players, of the League, and, indirectly, of American society. I am asking every person involved with the NFL to join in supporting our drug policy and to help make the profession one in which all participants can take the fullest possible pride.

PETE ROZELLE

Commissioner

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DRUG POLICY

OF

THE NATIONAL FOOTBALL LEAGUE

League Personnel Covered by Policy

Although the League's drug policy is written to apply principally to player-employees, its rules and procedures also may affect other persons working for member clubs, the League office, and affiliate organizations. The Commissioner will take appropriate action if he determines that any non-playing employee is involved in improper use or distribution of drugs.

Special duties and responsibilities of member clubs are noted throughout this policy, e.g., adherence to the prescription drug monitoring system, reporting of drug incidents to the League office, cooperation in the urinalysis program, and affiliation on a local level with a drug expert and treatment facility.

Drug Advisor

The Drug Advisor for the National Football League is Dr. Forest S. Tennant, Jr., M.D., Dr. P.H. He is executive director of Community Health Projects, Inc., a group of drug-treatment clinics headquartered in West Covina, California, and an associate professor at the UCLA School of Public Health. An expert in the field of drug treatment and research, Dr. Tennant also serves as a consultant to the California State Department of Justice, the California Highway Patrol, and the Los Angeles Dodgers baseball organization.

Dr. Tennant, working closely with physicians at each of the 28 member clubs, administers and coordinates drug testing, treatment, and education under the NFL's policy.

Prohibited Substances

Players are prohibited from using, possessing, purchasing, selling and/or participating in the distribution of:

- Illegal drugs, regardless of amount. Illegal drugs include, but are not limited to: marijuana, cocaine, opioids (heroin, methadone), and phencyclidine (PCP).

- Anabolic steroids and similar growth- and performance-enhancing substances. (See separate section below for further information on anabolic steroids.)

- Amphetamines and substances that may create similar effects, e.g., phenylpropanolamine (the active ingredient in many over-the-counter decongestants), unless the player can supply medical information to his club physician and the NFL's Drug Advisor which verifies the player's legitimate need for appropriate dosages of such substances to treat an existing medical condition. Where amphetamines or similar substances are found to be abused, the Drug Advisor will first provide the involved player with appropriate educational materials and counseling. If abuse continues, the player will then be subject to all procedures applicable to other prohibited substances under this policy.

Illegal acquisition, distribution, and/or misuse of any legal prescription or over-the-counter drug are strictly prohibited.

While the moderate use of alcohol, a legal substance, is not prohibited, any serious misuse of alcohol, including violations of the law while intoxicated, may result in disciplinary action by the Commissioner. (See separate section below.)

The League may, from time to time, modify its list of prohibited substances.

Anabolic Steroids

The substances known as anabolic steroids, and the related growth drugs (produced synthetically or extracted from glandular tissue), deserve special mention. Because in many areas they are obtainable by prescription for limited therapeutic applications, their misuse by NFL players has been impermissible ever since the League promulgated its policy on prescription drugs in the early 1970s.

Now, due to widespread misuse of anabolic steroids in recent years throughout much of the sports world, including football, they are listed among those drugs prohibited by the League under any circumstances. To repeat, the League no longer merely condemns the misuse of these substances; they are prohibited in any quantity or any purpose. The NFL Physicians Society has underscored this shift in emphasis by passing a resolution declaring that there are no legitimate medical purposes to prescribe anabolic steroids for NFL players.

Players should be aware that in addition to the ethical issue raised by the use of performance-enhancing drugs to gain competitive advantage, there is mounting evidence that anabolic steroids, particularly in the often gigantic dosages taken by athletes, can cause high blood pressure, heart disease, hepatitis, liver tumors, acne, baldness, and personality changes. In addition, some users now complain of impotence and have testicles the size of a young boy. These users have low sperm counts and could be sterile, changes that may not be reversible. Other changes that have occurred include breast enlargement and higher voice pitch.

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There also is growing concern that players using anabolic steroids can cause serious on-field injuries not only to others but to themselves. One major insurance underwriter, reportedly responsible for writing half of the sports policies in this country and concerned about use of these substances, has stopped writing coverage against football injuries.

The technology is now available for the League to test for anabolic steroids when large numbers of players undergo physical examinations, e.g., at preseason training camps. This means that any off-season use of these drugs, many of which stay in the system for long periods of time, may be detected.

Despite the procedures detailed later in this policy which call for a specific number of positive tests before a player is subject to discipline (see "Procedures Following Positive Tests"), the points immediately below will be in effect, for the 1987 season only, in cases of positive tests for anabolic steroids. Beginning in 1988 the first positive test for an anabolic steroid in an NFL contract player will be treated like that of a test for marijuana, cocaine, or any other prohibited substance.

- Any player who was in the National Football League before 1987 and who tests positive for anabolic steroids at a 1987 preseason training camp is subject to reasonable-cause testing and counseling for the remainder of that season. Any subsequent positive test for anabolic steroids in the 1987 season which shows a level the same as or higher than the preseason test will be considered the first positive test, as that term is used in the section entitled "Procedures Following Positive Tests" below. Any such veteran player whose reasonable-cause testing shows a level of anabolic steroids lower than that of his preseason training-camp urinalysis will not, due to such subsequent test results, be subject to the disciplinary procedures detailed below.

- Any rookie player who tested positive for anabolic steroids at the February sessions conducted by NFL scouting organizations in Indianapolis is subject to reasonable-cause testing and counseling for 12 months after that time. If such reasonable-cause urinalysis results in a positive test, the involved player's case will be handled like that of a veteran player's first positive test for anabolic steroids in a preseason training camp.

- Any player who tests positive for anabolic steroids and shows medical complications, including but not limited to high blood pressure, rapid heart beat, enlarged heart, hepatitis, tumors, and/or chemical abnormalities in the blood may be considered to be unfit to participate in football and may be placed in the category of Non-Football Illness (NFI) until all evidence of the complications have been resolved.

Alcohol

The League takes the position that although alcohol use is legal in society and is not, in moderate quantities, a prohibited substance under this policy, it is without question the most abused drug in our sport. If urinalysis reveals an unusually high concentration of alcohol (above .04 mg% at the time

of testing), or a player becomes involved in a case of serious misuse of alcohol, including violations of the law while intoxicated, he will be subject to reasonable-cause urine testing and the treatment procedures of this policy, in addition to whatever disciplinary action the Commissioner may deem appropriate.

Treatment

The central goals of the NFL's drug policy are to prevent improper drug use in our sport and, where detected, to eliminate it, preferably through medical treatment rather than discipline. Accordingly, for a number of years each club in the League has been and must continue to be affiliated with a drug physician and an approved outpatient treatment facility within that club's franchise area. It is not required that all cases of drug treatment which involve a given team be handled at the local facility, but there must be such a facility designated by the club and approved in advance by the League's Drug Advisor.

It is also imperative that the local drug physician be designated in advance so that if needed he can work in conjunction with the League's Drug Advisor and the club physician.

In all cases where an NFL player undergoes drug treatment, the League's Drug Advisor will be involved on a consultative basis with the local designated drug physician and/or club physician. This applies whether the treatment has been directed by the Commissioner, the club, or the player has come forward on his own. Any voluntary request for and submission to treatment will not, in and of itself, result in disciplinary action by the Commissioner.

Any player who feels that he may need drug treatment or counseling about drug use is urged to contact a member of his club's medical staff, a coach, or any other person in management. Similarly, all clubs are asked to provide players with the telephone numbers of their local drug physicians and the NFL Drug Advisor.

Education

The NFL considers education to be a very important part of its drug policy. The Drug Advisor is reponsible for obtaining or developing educational materials for use by each member club, e.g., video tapes and literature on pertinent subjects. He will give consideration to recommendations by representatives of the NFL Players Association and the NFL Management Council concerning the development and utilization of particular educational materials, and he will provide copies of all educational materials to the representatives of both groups when they are completed. All club personnel, particularly head coaches, are asked to cooperate in making sufficient time available during team meetings for any League-sponsored visual presentations

and lectures. The Drug Advisor is available to speak to playing squads, coaching staffs, and any other groups within the club organization.

Laboratory and Testing Methodology

The League has retained as its principal drug-testing facility SmithKline Bio-Science Laboratories, a nationwide network of clinical laboratories headquartered in King of Prussia, Pennsylvania. SKBL technicians gather the urine samples for testing, which are then analyzed at the main lab in King of Prussia. In some special circumstances, urine samples are obtained by licensed medical personnel other than those from SKBL but under the direction of the NFL Drug Advisor and then sent to SKBL and/or another laboratory for analysis. Any subcontracting to another laboratory for analysis of certain substances, e.g., anabolic steroids, is done under the strict supervision of the Drug Advisor.

Club trainers and club physicians are not involved in the specimen-gathering process when entire teams are tested except to direct individual players to SmithKline technicians. All specimens are coded and sealed in the players' presence and receive careful chain-of-custody handling in shipping to the laboratory.

Specimens are analyzed by state-of-the-art technology. The following procedures are carried out to minimize any possibility of false test results:

- All specimens which show the presence of a prohibited substance are tested by a second, unrelated technological method.

- Any urine specimen which does not show the presence of the drug by two different technological methods will be considered a negative specimen.

- Marijuana urine tests are quantified to help assist in determination of whether the player may have passively inhaled, casually used, or may be tolerant and dependent. Since this illegal drug is now sold in very potent forms (some varieties as much as 10 times stronger than that which was available only a few years ago), its use is considered a serious problem because it may impair playing ability, increase risks of injury, retard the healing of injuries, and may produce dependence and addiction. Levels in the urine above 50 nanograms per milliliter (there are one billion nanograms in a gram) are usually considered to be use rather than passive inhalation. Levels above 100 ng/ml are usually considered to be indicative of heavy binge use and possible tolerance and dependence. Marijuana use, including passive inhalation, is not considered to be present under the League's testing procedures unless it is identified and confirmed by gas chromatography-mass spectrometry. Once marijuana is identified in urine, the Drug Advisor, in consultation with the player's club physician and, if appropriate, the drug physician locally affiliated with the club, seeks to determine whether casual use or dependence exists. Part of this evaluation includes a second urine test and a physical examination. All players who have a positive test for marijuana but either claim passive inhalation or are shown not to be dependent are subject to reasonable-cause testing.

- Cocaine in urine at any level is considered serious. Levels over 5,000

ng/ml usually represent heavy binge use and possibly tolerance and dependence.

- Alcohol urine levels will be quantified and considered indicative of abuse at levels of approximately .04 mg%.

Frequency of Tests

Following are the times when the League conducts urinalysis for the presence of drugs. Clubs are on notice that the scheduling of and the results of all drug urinalyses of players, including reasonable-cause testing, must be made known to the NFL's Drug Advisor. There are no exceptions.

- **Preseason Camp.** All players participate in urinalysis at or near the beginning of preseason training camp (normally in July or early August). Such testing includes all payroll players on each team, i.e., those who are on paid categories of the Reserve List as well as those on the Active List. If a player reports to his team after the entire squad has been tested, he must undergo testing at the time of reporting.

- **Reasonable Cause.** The Drug Advisor will consult with the applicable club physician and/or local drug advisor regarding the determination, made by the club physician, as to whether there is need to require a player to undergo reasonable-cause testing. It may be necessary that reasonable-cause testing take place immediately upon the determination that such testing is required, at regular intervals over a period of time that is deemed appropriate, or on an unscheduled basis for an indefinite period (see note at the end of this section on "unscheduled testing"). Circumstances which constitute reasonable cause include, but are not limited to, the following: current or past involvement with the criminal justice system for drug- or alcohol-related activities (including arrests for "Driving Under the Influence"), prior treatment for drug or alcohol problems, admission of a current drug or alcohol problem, prior positive test for any of the abusable drugs, physiological signs of possible impairment from drugs, and a pattern of aberrant behavior. The Drug Advisor is available to all club personnel to explain further the signs that may point to the need for reasonable-cause testing.

- **Scouting Combine Sessions.** All draft-eligible players attending the sessions conducted by NFL scouting organizations (normally in late January or early February at a central location) participate in urinalysis to check for prohibited substances. Before such tests, the players execute consent forms specifying that the results may be submitted to the NFL Drug Advisor and to each club in the League before the college draft of that year. A positive test at the scouting organizations' session is reasonable cause for the Drug Advisor to direct that any such involved player, once signed to an NFL Player Contract, participate in urinalysis at any time during the succeeding 12 months.

NOTE: At the present time the League is precluded from conducting unscheduled urinalysis during the playing season. The League holds the

strong conviction that such tests should be included in its policy in order to avoid instances in which users, either inadvertently or purposely, keep their systems free of drugs for the temporary period of an examination that they fully anticipate. As a point of clarification, the word "unscheduled" is used, rather than "random" or "spot," to describe urinalyses that are conducted without prior notice to players and on very short notice to the team's medical staff. "Random," in the sense of "having no specific pattern or objective; haphazard," is a distortion when applied to the type of testing the League seeks, as is "spot check," which means "a random and hasty inspection or investigation." The unscheduled tests envisaged by the League would include entire teams, not players taken at random, and the attendant procedures would receive the same care and sophisticated handling as other tests.

Failure to Test

Cases of failure or refusal to participate in urinalysis must be reviewed by the Drug Advisor immediately, in consultation with the involved player's club physician. Players who willfully refuse are subject to appropriate disciplinary action by the Commissioner. Any club and/or individual employed by a club found to be involved in urging a player or players not to participate in urinalysis and/or refusing to cooperate with the timely and orderly testing process is subject to discipline by the Commissioner.

Procedures Following Positive Tests

The Drug Advisor has been designated by all club physicians as a facility for analysis and treatment purposes and has been authorized by the club physicians to receive test results from SmithKline. As soon as the Drug Advisor receives notification from SmithKline that a particular urine specimen has tested positive for a prohibited substance, he matches the coded number from that specimen to a master list in his possession and notifies the player's club physician of the identity of the player. To determine the extent of his drug involvement, the player is then immediately evaluated by the club's drug physician and/or the local outpatient drug facility affiliated with that club.

The Drug Advisor, in consultation with the club physician and those who have evaluated the player, then decides whether the player is unfit to participate in football and should be admitted for inpatient treatment (hospitalized) or subjected to a structured program of treatment and monitoring on an outpatient basis (without hospitalization).

A player directed to inpatient treatment will be removed from his team's active roster immediately and placed on Reserve/Non-Football Illness (NFI), regardless of whether the team is in its playing season. Similarly, any player who has not yet been evaluated but whose system carries a concentration of a prohibited substance which, in the Drug Advisor's judgment, renders him

unfit to participate in football and/or potentially dangerous to himself or others on the playing field must be placed on NFI immediately.

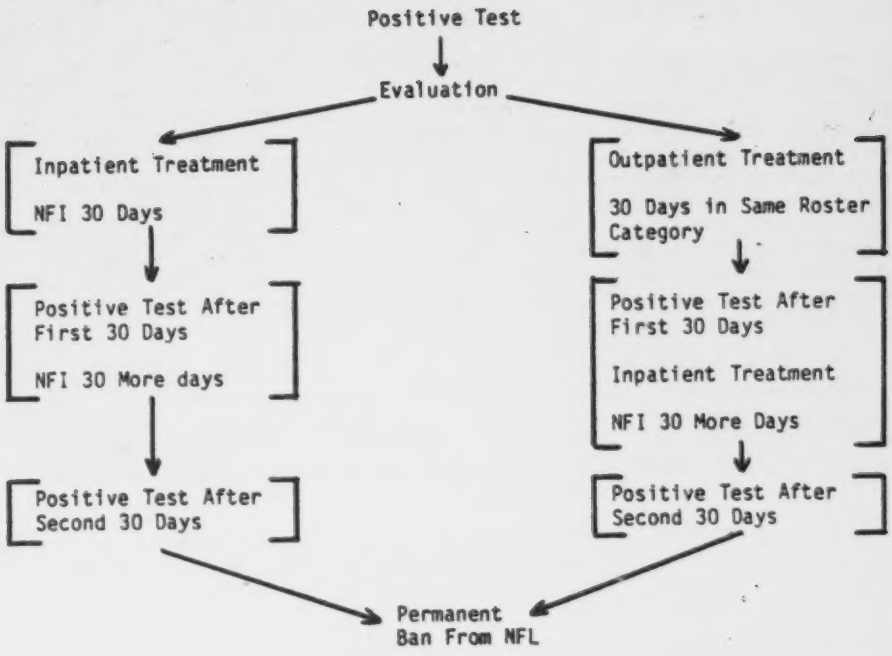
Players who are hospitalized must remain on NFI for a minimum of 30 days, even if the hospitalization period is shorter than that time. The Drug Advisor monitors the patient's progress frequently with the treatment center and the club physician. After inpatient treatment is completed, the Drug Advisor and the club physician then decide when the player is fit to return to NFL participation, provided such date of return is later than 30 days from the date of original hospitalization. (NOTE: Players in the category of NFI under the procedures of the NFL's drug policy are not permitted to participate in games or practice sessions for their clubs nor otherwise use club facilities until removed from such category, i.e., added to the Active List. Compensation for players on NFI will be in accordance with the operative NFL Collective Bargaining Agreement.)

In addition, the Drug Advisor, in conjunction with the club physician, monitors a structured aftercare program for players who have been hospitalized, including urinalysis (all specimens analyzed at SmithKline and/or an approved local laboratory) for as long as the player remains with the club or until the Drug Advisor deems that such aftercare is no longer needed.

Players who complete the first period of 30 days but subsequently relapse and test positive for a prohibited substance must at that point begin another period of a minimum of 30 days on NFI, regardless of whether they require inpatient or outpatient treatment at that point. If, after the Drug Advisor and club physician have certified that the player may return to active participation (provided the second period of a minimum of 30 days has elapsed), the player suffers a second relapse and again tests positive, he is permanently banned from future participation in the NFL.

Players who, upon their original positive test, are evaluated as not requiring hospitalization, receive counseling and education as outpatients for a period of 30 days and are subject to urinalysis on a continuing and confidential basis at the discretion of the Drug Advisor and club physician. Such players remain in the same roster category they were formerly in unless the club elects to make a normal player-personnel move under League rules. If at any time after that initial 30-day period the player relapses and tests positive, he is placed on NFI for a minimum of another 30 days, regardless of whether he needs hospitalization at that point. Any further relapse and positive test after the expiration of this second 30-day period results in the player being permanently banned from NFL participation.

To recap in chart form:



Discipline

Disciplinary action under this drug policy is viewed by the League as a last but sometimes necessary resort. Ideally, with early detection of drug problems there will be little or no need for this drastic step.

Any person in the League who violates this policy is subject to appropriate sanctions by the Commissioner, including fines, suspension from the League, and/or probation. Mandatory evaluation and rehabilitative treatment may also be required.

Any player suspended or banned from the NFL under the procedures of this policy has the right to appeal and a hearing before the Commissioner. If a ban is upheld, the player may apply to the Commissioner for reinstatement after one year.

Players are reminded that many of the drugs and most of the behavior concentrated on in this policy are illegal. Association with drug-related activity in a manner detrimental to the integrity of, or public confidence in, the National Football League is strictly forbidden. Moreover, conviction under the criminal justice system for a drug-related offense will be taken into account in disciplinary action imposed by the Commissioner, and there can

be no assurance that a period of incarceration will obviate a subseqent period of suspension from the League.

Roster Changes by Clubs

Nothing under the procedures of this policy prevents a club from making normal player-personnel decisions, e.g. requesting waivers on or trading a player, at any point after such player tests positive for a prohibited substance or abusable legal substance. Clubs are reminded that drug use is part of a player's health history and that such information must be included in the medical records sent to assignee clubs by assignor clubs. If a potential assignee club in a trade or waiver transaction wishes to obtain details of a player's health history from a potential assignor club, it is the responsibility of management of the potential assignee club to direct its club physician to confer in a timely fashion with the club physician of the other involved club. A potential assignee club in these circumstances may also communicate with the Drug Advisor, through its club physician, to determine whether the involved player has any drug-use history, e.g. prior drug treatment and/or positive tests for a prohibited substance or an abusable legal substance. Any case in which an assignee club claims to have unknowingly acquired a drug-abusing player due to the assignor club concealing or misrepresenting medical records will be investigated by the Commissioner and appropriate discipline imposed if warranted.

If a player is assigned to another club in the League via trade or the waiver system, and such player has pending obligations under the procedures of this policy, he must meet those obligations with the assignee club. For example, if a player tests positive for a prohibited substance at the time of the preseason training camp, is immediately placed on waivers, and assigned to another club before evaluation can take place, he must continue with that evaluation and all other required procedures when he reports to the assignee club.

Confidentiality

Every effort must be taken to ensure the confidentiality of players under this policy, including those who test positive, undergo reasonable-cause testing, or enter treatment programs.

Neither the NFL Drug Advisor nor anyone in his employ is permitted to disclose publicly or allude publicly to any information acquired in his (or their) capacity as NFL Drug Advisor, whether or not it refers to identified players or clubs. Neither the NFL Drug Advisor nor anyone in his employ is permitted to comment publicly on the NFL Drug Advisor's (or their) activities as NFL Drug Advisor or communicate in any fashion with the news media concerning those activities.

The NFL Drug Advisor must periodically compile statistical reports on a League-wide basis regarding NFL players who have tested positive for each of the prohibited substances and abusable legal substances involved. Such statistical data must be maintained in confidence by the NFL Drug Advisor. Copies thereof must be provided by the NFL Drug Advisor in confidence only to the NFL Commissioner, the executive director of the NFL Management Council, and the executive director of the NFL Players Association.

One copy each of the statistical data stamped "Confidential" must be delivered by the Drug Advisor to the Commissioner of the NFL and to the executive directors of the NFLMC and the NFLPA. No additional copies of the data are permitted to be made by any of the above-cited recipients or their agents or employees. Neither the data itself nor any information derived from the data is permitted to be publicly disclosed by any recipient or his agents or employees in any form, whether in whole or in part. Each copy of the statistical data must be maintained in a secure area. Access to the data must be restricted to those persons, employed by the recipients, who execute a pledge of non-disclosure, limiting disclosure only to other signatories of the pledge under penalty of damages. Rosters of signatories must be maintained by the Drug Advisor, the NFL, the NFLMC, and the NFLPA and must be presented on request to the other parties.

Any club or club employee that publicly divulges, directly or indirectly, information concerning positive drug tests at the scouting organizations' sessions (including numerical summaries as well as specific names of persons) or otherwise breaches the confidentiality provisions of this policy is subject to a fine of up to $50,000 by the Commissioner.

Reporting of Drug Incidents

It is each club's responsibility to have its club physician report immediately to the NFL Drug Advisor whenever the club becomes aware that a player is or is alleged to be involved in a drug- or alcohol-related incident. Incidents include, but are not limited to, involvement with the criminal justice system in drug- or alcohol-related activity, entry into drug treatment, reasonable-cause testing, and acts of violence away from the playing field. Such an incident may occur between urinalyses under this program and, if not properly reported, could result in a player not getting the medical treatment necessary. Clubs are responsible for reporting each incident regardless of whether it is made public or involves the criminal justice system. Failure to do so will subject the club to disciplinary action by the Commissioner.

Monitoring of Prescription Drugs

All clubs are required to cooperate in the League's monitoring system for prescription drugs, which was established in the early 1970s. The system's intent is to guard against misuse or abuse of controlled substances (as

defined by the Federal Controlled Substances Act) or performance-enhancing medications dispensed through member clubs. The data is compiled under the direction of the NFL Drug Advisor.

It is mandatory that a detailed inventory of each club's controlled substances be taken before and after the playing season and that all ordering, prescribing, and dispensing be accounted for. On-site audits of controlled substances are performed by security representatives of the League. It is also mandatory that all prescriptions of controlled substances written by club physicians be submitted to the NFL Drug Advisor on a quarterly basis. Through these procedures the League is able to verify the unit amount purchased and unit dose dispensed of all controlled substances handled. Clubs are also required to maintain all prescription drugs on site in a locked container, subject to approval by League security representatives.

Drugs which are not controlled substances but which are deemed by the NFL Drug Advisor to be abusable and/or to enhance athletic performance may also require the same inventory record-keeping and on-site audits as controlled substances. Unless otherwise stipulated by the NFL Drug Advisor, all non-controlled medications are to be ordered, prescribed/dispensed, and accounted for in records according to the state pharmacy laws where each individual NFL club is located.

The NFL Drug Advisor will notify the club physician if any discrepancies in controlled-substance audits or record-keeping are identified. He will advise on procedures to correct any deficiencies. Failure by clubs to properly account for controlled substances will result in appropriate disciplinary action by the Commissioner.

Alcohol and Tobacco Advertising

The NFL takes the position that its players, coaches, and other employees should not endorse or appear in advertisements for alcoholic beverages (including beer) or tobacco products.

While fully recognizing that the use of alcohol and tobacco is legal, the NFL nevertheless has long been of the view that participation in ads for such substances by its employees -- particularly players, who are prohibited by federal law from appearing in such ads -- may have a detrimental effect on the great number of young fans who follow our game. Performance on the playing field in the NFL requires stamina and coordination. Endorsements or other close identification of NFL players with alcohol or tobacco could convey the erroneous impression that the use of such products is conducive to the development of athletic prowess, has contributed to their success, or at least has not hindered them in their performance.

For the above reasons, players and other club and League employees (including game officials) should not use alcohol or tobacco products while in the playing field area or while being interviewed on television.

IRWIN WEINER SPORTS ENTERPRISES, INC.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, I WISH TO THANK YOU FOR EXTENDING AN INVITATION TO ME TO JOIN YOU HERE TODAY TO BE PART OF THIS DISTINGUISHED PANEL.

I'D LIKE TO EXPLAIN TO YOU WHAT WE HAVE DONE WORKING WITH THE DRUG ENFORCEMENT ADMINISTRATION IN WASHINGTON. IT WAS MY COMPANY'S PLEASURE TO ASSIST IN ORGANIZING APPROXIMATELY 65 PROFESSIONAL ATHLETES (BOTH ACTIVE AND RETIRED) TO COME TO WASHINGTON TO DO PSA AND TESTIMONIALS WHICH WERE DISTRIBUTED NATIONALLY FOR DISTRIBUTION ON TV AND RADIO. THESE WERE ALSO USED OUTSIDE THE COUNTRY AS WELL.

THE EVENING BEFORE THIS EVENT WE SPONSORED A PRIVATE RECEPTION FOR THE DEA. AT THIS RECEPTION WE HAD ATHLETES SUCH AS JULIUS ERVING, JOSE TORRES, FORMER LIGHT HEAVY WEIGHT CHAMPION AND CURRENTLY NEW YORK STATE ATHLETIC CHAIRMAN. WE ALSO INVITED THE DIRECTOR JOHN LAWN TO COME AND MAKE A SPEECH ON THE IMPORTANCE OF THIS EVENT.

SUBSEQUENTLY AS A FOLLOW UP TO THIS AFFAIR WE INVITED A MAJOR RETAILER TO VISIT WITH THE DIRECTOR TO DISCUSS THE POSSIBILITY OF CORPORATE INVOLVEMENT ON A NATIONAL SCALE. THE KMART CORPORATION RESPONDED VERY POSITIVELY AND IS CURRENTLY WORKING SPECIAL PROGRAMS ON A REGIONAL LEVEL TO PROMOTE THE HAZARDS OF DRUG ABUSE.

1 WESTCHESTER TOWER, MOUNT VERNON, N.Y. 10550 (914) 667-1703

IRWIN WEINER SPORTS ENTERPRISES, INC.

I WOULD LIKE TO SUGGEST THAT WE START AT THE COLLEGE LEVEL TO EDUCATE THOSE POTENTIAL PROFESSIONAL ATHLETES ON THE HAZARDS OF DRUG ABUSE AND BECAUSE OF THE HUGE POTENTIAL FOR THE MONEY THAT THEY WILL BE EARNING. I SUGGEST ONE OF THE METHODS IS TO AFFORD THOSE COLLEGE ATHLETES COUNSELING OF SOME SORT ALONG THE LINES OF PSYCHOLOGICAL AND PSYCHIATRIC HELP TO BE MADE AVAILABLE IN THEIR JUNIOR AND SENIOR YEARS. THIS SAME COUNSELING I WOULD RECOMMEND FOR THE PROFESSIONAL TEAMS.

I BELIEVE A RECOMMITTMENT SHOULD BE MADE TO ESTABLISHING A PROGRAM FOR EVERYONE IN THE PRIVATE SECTOR, PROFESSIONAL TEAMS AND IN THE HOME WORKING TOGETHER AS A UNIT TO EDUCATE OUR YOUTH.

1 WESTCHESTER TOWER, MOUNT VERNON, N.Y. 10550 (914) 667-1703

STATEMENT PRESENTED BY BOWIE KUHN, PRESIDENT, TARGET

MATERIAL FOR U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

NATIONAL FEDERATION TARGET PROGRAM, HELPING STUDENTS
COPE WITH ALCOHOL AND OTHER DRUGS

The National Federation of State High School Associations was formed during a meeting of five states in 1920 and has grown to encompass a membership that today serves 51 state high school associations, 18,000 high schools and 11 million students in the United States, as well as 14 affiliate members in Canada, the Philippines, Guam and St. Thomas.

The purpose of the National Federation is to coordinate the efforts of its member state associations toward the ultimate objectives of interscholastic activities.

As the national organization and voice of high school activities, the National Federation is committed to the belief that interscholastic activity programs are essential to the education of most youth and, therefore, are an integral part of school curricula. School activities are, in essence, "The Other Half of Education."

Alcohol and other drug use and abuse has hit all segments of society in this decade, and the National Federation of State High School Associations began to deal with this growing problem among young people in 1985 when it implemented TARGET, helping students cope with alcohol and other drugs.

We realize that alone we are not going to dry up the world or totally end the drug problem, but we feel with our ability to get into the nation's high schools--and elementary and junior high schools for that matter--that we can help diminish the problem before students get to college.

While programs at the college and professional levels tend to emphasize drug testing, it is the goal of TARGET to educate students that healthy living is beneficial and that use and abuse of alcohol and other drugs can result in serious consequences both now and in the future. The concept of TARGET is students working with students, creating a positive peer influence and understanding that it is OK to say "No" to alcohol and other drugs.

Recent events over the past few years have dispelled the myth that a student involved in sports is not as likely to use alcohol or other drugs. Statistics indicate that a large percentage of junior high and senior high students have used alcohol occasionally, and TARGET works through participants in high school athletics and activity programs, who in turn work with all students to create a positive peer influence.

It is the involvement of the National Federation, its 50 member states and the District of Columbia that sets TARGET apart from other programs confronting alcohol and other drug use. For 60 years, the National Federation has been able to reach state by state into the nation's 18,000 high schools.

The National Federation of State High School Associations is the national voice of high school athletics and activities. The Federation's mission is to serve education and youth by protecting and enhancing interscholastic activity programs. Following are the basic services of the National Federation to the nation's high schools:

NATIONAL FEDERATION SERVICES

* Produces and distributes playing rules in 13 sports for high school boys and girls. More than eight million publications and related materials are printed annually at National Federation headquarters in Kansas City.

* Provides training materials, including films and videotapes, to instruct teachers, coaches, officials and players.

* Provides training, publications, rules and guidance for judging non-athletic activities, such as speech, music, drama and debate.

* Selects and develops the National High School Debate Topic each year.

* Provides the National Federation Student Protection Trust, which offers student accident insurance and insurance against lifetime catastrophic injuries to students involved in high school athletics and activities.

* Administers professional organizations for coaches, officials, athletic directors, speech/debate coaches and music personnel. Combined membership in the coaches and officials organizations now exceeds 130,000.

Though the National Federation does not enforce rules or conduct national championships, it might be considered the NCAA of high school sports in that it is the primary service and regulatory organization. Through its 51 state associations and 18,000 high schools, the National Federation TARGET program reaches more than 11 million high school students. This ability to reach schools and students from the top down makes the National Federation and TARGET unique. The National Federation's 60-year history provides an efficient network and communication system to help make alcohol and other drug use out of style in our society.

TARGET-Education and Prevention

Because the aim of TARGET is to help young people make safe, healthy and responsible decisions about the use and non-use of alcohol and other drugs, the focus is on education and prevention. And we seek to have those decisions made based upon information and facts.

One of the main factors that influences use and non-use of alcohol and other drugs by students is the perception of parental concern. Those students who perceive that their parents are really concerned, tend to be non or low users. But perhaps the key factor of the TARGET education and prevention program is

understanding the fact that when young people have problems or get in trouble, they consistently turn to their friends, their peers. TARGET uses participants in sports and other activities as a way to gain access to parents and communities, and to begin to do some of the things we believe are extremely important.

TARGET works through sports and other activities, as well as school staff, administrators and coaches, in its education and prevention emphasis. We focus a great deal on pre-season meetings as an opportunity to bring together the three key groups--parents, coaches and students. At these meetings, we open the door for families to begin talking about ways to move through school life chemically free. Sports and other activities offer a great opportunity to reach every high school student about the dangers of alcohol and other drug abuse. A guide for conducting pre-season meetings of coaches, parents and students is being produced by TARGET.

Because education and prevention are so crucial to the TARGET program, a monthly publication entitled "On TARGET" (See Supplement "A") is being sent to every public and private high school in the United States. "On TARGET" contains information for schools to use in helping their students deal with problems related to alcohol and other drugs. Four copies of the newsletter are sent to the high school principal.

Currently, we are seeking national sponsors for On TARGET at the high school level and are being encouraged by educators and parents to make the publication available to the lower grades as soon as possible. Our ability to continue this needed communication to the schools will depend upon funding for the On TARGET publication.

If funding becomes available, it will be possible to provide this publication biweekly beginning in 1988.

TARGET produces other publications to aid the education and prevention emphasis. The Operation Prom/Graduation booklet (See Supplement "B") details ways that schools, parents and students can implement chemical-free activities and parties in association with high school proms and graduation. Many students have realized that, although this is one of the most important events of their lives, it can be just as fun and exciting without alcohol and other drugs.

LEADERSHIP TRAINING

Another major component of the TARGET program is leadership training. We don't believe that young people can just be told to assume positions of leadership. We believe they need specialized training. Thus, TARGET emphasizes heavy training of student leaders--team captains, activity participants, student council representatives and other school leaders.

With the assistance of the trained professional staff at the Hazelden-Cork Sports Education facility in Minnesota, TARGET is offering expense-paid training for adult volunteers. Individuals from each state will have the opportunity to be involved in a week-long training session. These individuals then will return to their respective states to lead alcohol/other drug education and prevention workshops. In the process, coaches, administrators, teachers, parents, as well as students, are trained to deal with

alcohol and other drug problems.

As a result of the week's training at Hazelden, participants are then able to:

* Assist local school districts in planning and implementing chemical-health programs.

* Conduct training events for coaches, athletic directors and other school staff.

* Conduct a one-day workshop for student leaders and adult school staff.

* Plan and conduct parent/student pre-season meetings.

* Understand the variety and nature of resources to assist them in the future.

TARGET is attempting to provide states with their own resources to train others. Each state is allocated a specific number of spots in the Hazelden training program, and those individuals are appointed by the state association and funded by TARGET. State associations determine the individuals to be trained, and the No. 1 priority is that states identify those individuals who are willing to volunteer their time and make a long-term commitment to conducting local workshops after they receive the initial week of training.

In three training sessions at Hazelden in May, July and August, 82 volunteer adult leaders from 11 states already have received training, and an additional 88 persons from 10 states are scheduled to be trained during September, October and November. With additional funding, we will be able to train even more leaders during 1987 (our goal for 1987 is 185). Our goal in 1988 is 250 and for 1989, 550. The average cost for professional training, materials, food, lodging

and transportation is $1,200. We have the dedicated volunteers to be trained who are secured through our 51 state associations. The number of trained leaders available to work at the local school district level is directly related to the amount of funding TARGET will have available for this program.

Some of the specific items addressed during the week of training are chemical use among school-age youth; variables affecting use and non-use; special risks and pressures; expectations of coaches, activity directors, student activity participants and parents; role of the coach and activity director in responding to chemical-use problems; why underage young people should not drink; eligibility rules as a component of a comprehensive school program; role of parents in pre-season meetings, after-event parties and parent-communication networks, and many other specific topics.

Through the TARGET training, participants learn how to deal with the following questions: How do we respond to someone who is having a problem? What does a parent look for in a child? What does a friend look for in a friend? What does a coach look for in an athlete? What does the band director look for in a band member? What do you say if you are concerned about another individual?

With coaches, we spend a great deal of time talking about rules, setting standards. Initially, it was thought the tougher the rule, the better the rule. We have discovered just the opposite, however. If you have a rule that a student has to be banished from any participation, it becomes extremely difficult to apply the consequences of that kind of rule. If a rule is perceived by students, parents and staff to be fair and equitable and is enforced consistently, it is much more likely to be effective.

We work with coaches and school administrators to support student leaders and to use their team captains as a way to reach all students.

TARGET also focuses on communications skills with students. If students are going to be leaders, they must be able to communicate. We work with refusal skills--"How do you say No?" We teach planning skills and have begun to see young people planning their own types of programs and activities that are chemical free. One of the best kept secrets today with young people is how uncomfortable many of them are with the use of alcohol and other drugs around them each day. We are trying to uncover and provide support for students to voice their discomfort regarding use of chemicals.

TARGET Insurance Program

In addition to helping students through education, prevention and training, TARGET now has a way for schools to help students who need treatment for alcohol or other drug use.

The TARGET All School Alcohol and Substance Abuse Benefit Plan (See Supplement "C") provides alcohol and other drug rehabilitation insurance at a group purchase price of $1 per student. Enrollment of all students in a school is necessary to participate, and the policy goes into effect when a minimum participation level of one million students is reached.

The National Federation Student Protection Trust will pay up to $25,000 a student for the first six months of approved, professional treatment. It also will cover an additional $12,500 in expenses for the first year for a total coverage of $37,500.

We believe this plan is a national breakthrough and will enhance the health care of students with alcohol or other drug problems.

Though the hope of TARGET is to prevent use of alcohol and other drugs through education and training, we recognize that some students need treatment help, and we think this insurance is a one-of-a-kind program at only $1 per student.

Resource Center

The final and most recent component of the TARGET program is the Resource Center and toll-free telephone number. During the development stages of the TARGET program, it became obvious there was not a central source to which schools could refer for assistance in developing and maintaining alcohol and other drug education programs. Schools were finding it necessary to contact many different sources for information. Since schools already are used to coming to the National Federation for information, they will feel comfortable in coming to TARGET for information in the area of chemical health.

As the central resource center for alcohol and other drug education, TARGET now puts schools and students across the nation in touch with ideas and programs that work in other places. The TARGET Resource Center identifies ways to prevent use and abuse and allows schools and students everywhere to share in the knowledge.

Individuals and schools now can use TARGET's toll-free telephone number (1-800-366-6667) to obtain up-to-date information in the field of alcohol and other drug education and prevention. A trained professional can answer questions, provide educational

and professional materials and suggest ways that students, kindergarten through 12th grade, can deal with alcohol and other drug problems.

• Information such as the nearest treatment or intervention center, guidance on financial support for chemical-health problems and consulation on chemical-health problems and issues are available through the TARGET Resource Center and its computerized reference bank of information on chemical abuse and prevention.

Through the long, established history of the National Federation, we have found that state associations and schools are more eager to start a program if a central source of information exists within their own structure. We believe that the Resource Center will be able to assist more and more schools in the implementation of alcohol and other drug problems.

TARGET Board of Directors

Support for the TARGET program was established early, led by First Lady Nancy Reagan as honorary chairman, William E. Simon as chairman of the board and Bowie K. Kuhn as president. The TARGET Board of Directors (See Supplement "D") is composed of more than 60 influential business, education, religious, sports and entertainment leaders, all of whom believe that reaching students, kindergarten through 12th grade, is crucial to the future of our nation. In addition, another 20 top education, business and government leaders serve as TARGET advisors.

TARGET InfoWindow

Very soon, TARGET will be offering a program that can capture the imagination and attention of a diverse audience and provide an effective educational and prevention program for schools, youth and parents.

The InfoWindow combines the technology of video and micro computers and uses interactive video with superimposed computer graphics on a high-resolution color screen. The InfoWindow can be used by one person in private, for one-on-one teaching or discussion groups and will offer a variety of situations dealing with many substance-related subjects--all at the push of a button.

The software will be developed by experts in the fields of education and substance use and abuse. It then will be produced by IBM and a top production company to ensure that the message is delivered in the highest quality possible.

With this type of equipment in schools, follow-up programs then can be made available. It is an innovative approach to alcohol and other drug education and prevention. We believe this technology will ensure a current and consistent message to all audiences with a high-quality delivery vehicle.

Positive Peer Influence Vital

The pressures on today's young people are immense. Everyone wants to be a part of the "in" crowd and, unfortunately over the past few years, joining that crowd has led to abuse of alcohol and other drugs.

That is precisely why TARGET seeks to penetrate this growing problem from the top down, to educate young people at an early age and equip them with the skills necessary to say "No" to alcohol and other drugs and still be accepted by their peers in school.

While we think we understand the pressures young people are going through, perhaps it does not hit home until it affects one personally. In that light, we offer Supplement "E" as an indication

of the peer pressure facing today's young people and the eventual victory that occurred in this student's life because of education, prevention, training and treatment--all elements of the TARGET program. This high school student shared his story with TARGET, and it is TARGET's policy to withhold names of individuals involved in treatment programs.

SUPPLEMENT "E"

TESTIMONY FROM HIGH SCHOOL STUDENT
SHARED WITH TARGET

I am here to talk about alcoholism treatment and the peer pressure that goes with it, because I was through all of it. I was there in the middle of it.

When I first started dealing with peer pressure which sent me into my drug use, I was in elementary school. I was the one person who the whole school decided to single out and pick on. I was the one who everyone made fun of.. I couldn't play sports. I came to school with a real low self-worth, and then when it came time to play kickball, and kids were picking sides, I was always the last person picked. Not only was I the last picked, but they would throw me back and forth between the teams, "No, I don't want him, you take him." "No, you take him." By the time I would get up to play, I was feeling so low. I was believing what they said. Of course I tripped, of course I got out. I was following through with peer expectations--just doing what they said I would do.

I discovered there was one way I could get accepted by these people. That was, if I started mouthing off, if I started causing problems. I became the tough guy, I became the bully. All of a sudden, people weren't picking on me anymore. They were respecting me, and that was what I wanted. I got into a group of people that were doing the same thing. This same group went on to junior high, we started into drug use. It was done for the same reasons, the "tough guy" image. I wanted to be accepted. I have finally found this group of friends after looking for them for so long. I finally had people looking up to me. I didn't want to lose it, so I went right down the tubes with them, because I wanted their acceptance.

When I started to see how much I wanted their acceptance and where it was leading me, I knew that I wanted help. I asked for help out loud and some people took me to treatment. When I was there, I kept saying, "I don't need anyone." And, I really thought I don't need anyone here; I don't need anyone, I thought I could take care of myself.

Two weeks back in school, though, I was doing the opposite. I wanted <u>everyone</u>. I wanted friends more than anything else and I began to do everything again to have friends. I saw that. I got transferred to another place and there I decided that maybe I needed some friends, maybe I need to talk with some people. I began to talk to others. Their love started to come through and I began thinking that maybe I was worth more. One guy told me that I was a worthwhile person and that he cared about me. That was the first time that I had ever really felt that way. I started saying, "Maybe I do want to shape up."

When I came out of treatment, I knew that I couldn't stick around my old friends who are still using because I would fall into the same downward spiral. I decided that it was okay to be alone. I was going to have to be alone if I wanted to stay straight. And, that is exactly what I said. "If I'm straight, I'm alone. It's just something I have to take. I'd rather be alone and alive than dead and drunk."

I began to stand up to other people. When someone was getting picked on like I use to get picked on, I would say, "Hey! Mellow out! Just leave him alone." I expected to be rejected even more.

What I found was that people started to look up to me for it. Slowly, I started finding the quiet people. The people who, on Mondays, that weren't talking about the party on Friday. I found out that they weren't goody two-shoes, they were just quieter people. I began to fall in with them.

During this time, I had some friends in school that I didn't receive a lot of support from for staying straight. I had to find my support from outside of school from support groups and stuff. It made school real hard to get through. I didn't like going to school. I wasn't picked on anymore, but I just didn't like being there. It was kind of a pain. That was about a year and a half after I had been sober. I have been sober for three years.

About a year and a half ago, Hazelden/Cork came into our school. They started telling people that it was okay to be straight. And these straight people who had always been quiet on Monday started to stand up and say, "We're not better than you guys that are drinking, but we're now just as good. It's okay for us to admit we weren't at the party Friday. We weren't drinking and we feel good about it. All of a sudden, a lot of people started following--both people who had been drinkers and people who were straight. I had a real close friend who had been drinking heavily. Within the last six weeks, due to Cork's involvement and some of the things we were doing around the school, he started hanging out around me and some other people. Now, he's straight. He's been straight the whole football season and longer. He's had plenty of opportunities not to be. He's straight because the people around him are straight. He wants to be in the "in" crowd and the "in" crowd is now straight.

This whole change has happened in our school and it has just been real wild. All of a sudden, the people who were picking on me in elementary school, the people who had made me an outcast, were now saying I was okay. I was voted student council president and class president this last year. They have said, "Hey, We look up to you." Everyone is beginning to look up to the straight people.

There are always some people who are going to choose to drink. That's the kind of person I was. If TARGET would have been there, though, with like an Operation Charlie, teaching self-worth in the elementary school, I believe I would have chosen not to drink. I was sitting in my chair before the meeting and I started crying when I realized how important this was to me and other people in my school. I'm one person here talking to you. You can write to anyone in my whole school and ask them what kind of impact it has had. In some of the Cork workshops we will say, "Do you feel support for staying straight?" Then we all stand. There's five, You Agree and One, You Disagree. You go along the wall and you all stand on where you feel. Almost everyone, at first, is at disagree, now you will see almost everyone at agree. The people who are undecided and are standing there in the middle realize, "Wow! There are more people on, 'Agree'. I think I'll go over there." It works. All of a sudden these people are going to the straight parties.

I've gone to a lot of parties. Sometimes I'll be with some friends who will say, "We're going to a party." It use to always mean drinking. The last five parties where my friends have just said, "Hey! Come On! Let's go to a party!" have been straight. I didn't even know this, but I walk in and everyone is there with their Mountain Dew. It works!

You can even see it working back through to the parents. These kids are saying, "Hey! You know, mom and dad, that's not acceptable to me if you are drinking." The parents are starting to have to look at it. I really believe this is the way to bring about change.

FOR RELEASE: 10 A.M.
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STATEMENT OF

RUTH M. BERKEY, ASSISTANT EXECUTIVE DIRECTOR
NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE & CONTROL
U.S. HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 1987

Mr. Chairman and Members of the Committee:

I am Ruth M. Berkey, Assistant Executive Director for Administration of the National Collegiate Athletic Association. In such capacity, I am responsible for administration of the NCAA's drug education and drug-testing programs. I appreciate this opportunity to appear before the Committee today to provide the NCAA's views on the appropriate continuing means by which to lessen and eliminate the use of drugs by college athletes.

The NCAA is a voluntary unincorporated association of over 1,000 four-year colleges and universities. As provided in its Constitution, a central purpose of the NCAA is to "initiate, stimulate and improve intercollegiate athletics programs for student-athletes". In its Constitution and Bylaws, the NCAA by vote of its membership has among other things established rules defining the eligibility of student-athletes for regular season

and NCAA championship competition. In the academic year 1987-88, the NCAA will sponsor 76 national championships for men's and women's sports and expects to certify about 18 post-season football games.

I do not intend to detain this Committee at length with statistics concerning the drug use problem as it exists on American college campuses. I suspect they are known to the Committee, at least in general terms. In a comprehensive 1986 study, the National Institute on Drug Abuse reported the following 1985 incidence of college student drug use in the previous 12 months and the previous 30 days:

Drug	Last 12 months	Last 30 days
Marijuana	41.7%	23.6%
Cocaine	17.3	6.9
Heroin	0.2	0.0
Stimulants	11.9	4.2
Sedatives	2.5	0.7
Tranquilizers	3.5	1.4

According to the NIDA studies, these percentages tend to parallel rather closely reported use by all young people one to four years beyond high school.

Data as to substance use among college athletes are almost as disturbing as those shown in the NIDA statistics. In 1984, under contract with the NCAA, medical researchers from the College of Human Medicine at Michigan State University conducted a survey of male and female student athletes at eleven demo-

graphically disparate NCAA institutions.[1] To the question, "Have you used any (name of drug) in the last 12 months?", the percentages of affirmative responses were as follows:

Marijuana/Hashish	36%
Cocaine	17%
Amphetamines	8%
Psychedelics	4%
Barbituates/Tranquilizers	2%

The reported incidence of use of marijuana/hashish was highest in men's tennis, women's swimming and men's baseball, and lowest in men's and women's track and in women's tennis. Reported incidence of use of cocaine was quite similar: highest in men's tennis, men's baseball, women's swimming and men's football, and lowest in men's and women's track and women's tennis.

Among collegiate athlete substance users, 50% of marijuana/hashish users reported smoking one or more cigarettes six or more times a week. Almost half of the cocaine users reported ingesting the substance more than six times in the past 12 months; 40% of barbituate and tranquilizer users reported the same annual incidence of use.

1/ In July of this year, the NCAA Executive Committee approved funding for a replication of the Michigan State study. A major purpose of the new study would be to permit us to analyze the impact of our drug-testing program, instituted last year, a description of which appears later in this statement.

Of all the drugs, anabolic steroids were clearly most popularly believed to be performance-enhancing. The Michigan State report concluded, however, that use of anabolic steroids by college athletes is "much lower than estimates provided in the popular press": four percent of the respondents reported use of anabolic steroids in the past twelve months, with the highest incidence occurring in men's football. Most important, only ten percent of the anabolic steroid users reported receiving the drugs from the team coach, trainer or physician; 25% reported receiving the drugs from a physician other than the team physician, and 65% reported receiving them from another athlete, a friend or some "other source".[2]

Like other amateur sport-regulating bodies, the NCAA views these data with deep concern. As an organization of institutions charged with responsibility for educating and developing sport skills of the nation's youth, the NCAA has in recent years felt it imperative to devote increasing amounts of its resources to drug education and, more recently, to drug-testing. Our concern relates not only to the need to deal, for fair competition purposes, with drugs because they can affect

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2/ This past July, Representative Baker (R-LA) introduced H.R. 2928, the effect of which would be to increase from a misdemeanor to a felony the federal crime of selling steroids without a prescription. Although the NCAA opposes the use of steroids of whatever source by college athletes, legislation such as that proposed by Mr. Baker would serve the salutary purpose of increasing the deterrent to supply of these drugs (which in some contexts do have therapeutic uses) other than by prescription.

performance, but also since they can affect the health and safety of the student-athlete.

Our concern in this area dates back almost two decades. In June, 1973, Robert W. Pritchard, then Chairman of the NCAA Drug Education Committee, testified before a subcommittee of the Senate Judiciary Committee as follows:

> "The NCAA Drug Education Committee was formed by the NCAA Council in August, 1970, because of concern over apparently increasing drug abuse by young people, and it has taken an active role in the athletic anti-drug program.
>
> We are proud of the program we have developed, but we realize a great amount of work is ahead if we are to control drug abuse.
>
> The problem of drug abuse is one of the biggest challenges this nation is facing. The lives of many young people depend on the solution. The situation is critical.
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> Abuse of drugs, always widespread but covert, has become a matter of public fact in the 1970's. It is impossible to foresee a time when it will be eliminated, but we believe that control of drug abuse can be achieved. In order to accomplish this, however, the institutions of society being affected by the problem must accept a responsibility for its solution.

The source of our concern continues to this day. In a recent affidavit, Dr. Robert Dugal -- Director of the Health Sciences Research Center of the National Institute for Scientific Research in Montreal and one of the world's leading experts on athletically-related drug-testing programs -- summarized the inherent dangers of use of drugs in connection with athletics competition:

"It is generally and widely recognized that the classes of drugs banned by the NCAA are misused or abused in sport primarily for the purpose of improving performance. Ethical considerations alone contraindicate the use of any substance to achieve that objective. In addition, there is the consideration of knowingly administering or taking a substance (more often than not in doses exceeding recommended dosages) that can do serious harm to the body, in and out of competition, whether or not it improves performance. It is my opinion that there is absolutely no medically justifiable reason for giving healthy young people a drug listed as banned, for the sole purpose of improving performance.

In addition, all drugs which are banned provoke adverse effects and untoward reactions which may be detrimental to a student-athlete's present and future health. The rationale - unfortunately common in sports - that "if one pill is good, three will be three times better" has led to major health problems in a number of athletes. Finally, the use of a banned drug very often leads an athlete to use other prescription drugs in order to decrease the side effects of the first, and so on. It is obvious that such behavior may lead to many physical and psychological problems, as well as endangering the academic performance of the student-athlete."

A copy of Dr. Dugal's affidavit is submitted with this statement.

Although rather clearly the NCAA's drug-testing program has in recent months received the greater attention in the nation's press, I would first like to focus the Committee's attention on our drug education program. Significant NCAA activity in the latter area began in 1970; in the last academic year, the NCAA budgeted approximately $335,000 on drug education efforts directed toward current or prospective college athletes. These included the following:

- Distribution of drug education pamphlets to 400,000 freshmen during registration on 102 college and university campuses during the months of September and October. We have a goal of providing one million of these pamphlets to freshman students in 1988.
- Distribution of the publication -- Drugs, the Coach and the Athlete -- for use by NCAA member institutions in their drug-education programs. A copy of this booklet is attached; a second edition will be made available in fall 1987.
- Establishment of a bibliography of videotapes dealing with substance abuse, listing 24 programs that are presently available to the NCAA membership.
- Development of a videotape, which will be circulated to all NCAA member institutions and conferences, reviewing the harmful effects of drug and alcohol abuse. This tape also will be available to the high schools through the National Federation of State High School Associations. Approximately 1000 copies of the tape will be distributed in 1987-88.
- In 1987-88, anticipated establishment of a drug-education speakers bureau. In 1986-87, the NCAA has attempted to identify "teams" of speakers to meet with student-athletes to discuss the dangers of drug and alcohol abuse.

- Sponsorship of 60 30-second television spots, featuring highly-publicized student-athletes, on the dangers of drug abuse. During the NCAA Division I basketball tournament held last spring, such spots were broadcast to national cable and network television audiences, involving such well-known college athletes as Navy's David Robinson, Georgetown's Reggie Williams and Danny Manning of University of Kansas, along with Susan Wicks of Rutgers. Corporate leaders were also involved in this program, including Robert E. Crandell, President of American Airlines and Jack Bohem, President of Valvoline Oil Corporation.
- Sponsorship of individualized drug-education promotional messages for 15 NCAA Division I conferences that were utilized during basketball and football contests; over 60 student-athletes were involved in these messages.
- Drug-education instruction at ten Youth Education Sports Clinics, and in connection with the National Youth Sports Program (NYSP) held for disadvantaged young people on some 135 NCAA-member campuses this summer. Approximately 60,000 youths of high school and junior high school age participated in these programs.

The NYSP is a federal program, which has for many years been supported in part by federal dollars appropriated by Congress. The Labor-HHS appropriations legislation recently approved by the

House of Representatives for fiscal year 1988 calls for continuation of that support, and indeed calls for an increase in the level of support to approximately $7 million. We are most gratified by this evidence of continued confidence of the House in the importance of the NYSP program: although drug education of disadvantaged young people represents only a part of the program, it reaches these children at a critical age, when they are first becoming aware of the availability of drugs.

Beyond the drug education efforts of the NCAA, a large percentage of NCAA member institutions -- through their intercollegiate athletics and physical education departments -- conduct drug education and rehabilitation programs for enrolled student-athletes. Almost two-thirds of our members reported late last year that they either were operating or were actively planning the implementation of a drug education program for their student-athletes. About the same percentage reported operating or actively planning a program for treating and rehabilitating student-athletes found to have drug dependency problems.[3] These latter programs are normally an integral part of institutional drug-testing programs for student-athletes.

The combined drug education effort of the NCAA and its members has been formidable, and will undoubtedly continue to be

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3/ In 1986, the NCAA members amended our Constitution to specifically exempt institutional expenses for drug rehabilitation from the limitations on permissible athletically-related financial aid that a member may award to a student-athlete.

so in the years immediately ahead. The NCAA staff expects to spend $450,000 on drug education in 1987-88. I am constrained to say, however, that the NCAA and college athletics administrators cannot do the job alone. Student-athletes exist as a part of the larger institution-wide society, and although the use of some drugs -- thought to be particularly performance-enhancing -- may be relatively unique in connection with athletics, the need to deal with substance abuse is an institutional problem. All too often, we believe, institutional administrators have shown an incapacity or unwillingness to tackle this difficult societal problem on the college campuses: we strongly believe that at least part of the solution to substance abuse by college athletes lies in more aggressive institution-wide drug education and rehabilitation efforts directed at the entire student body.

The NCAA is fully aware of and applauds the leadership role taken by this Committee, and particularly your Chairman, in development and funding of omnibus drug legislation in the last Congress. In July of last year, the Chairman's speech on the critical need for such legislation -- and inclusion in the bill of a major increase in funds available to the states for drug education of young people -- was reprinted in significant part in The NCAA News. In April of this year, we drew the attention of News subscribers to the availability under the Act, as passed, of $7.7 million in new funds to implement and improve drug-abuse education programs for college students.

Let me turn now to the more controversial subject of drug-testing. Last year, the NCAA member institutions amended NCAA legislation to put into place a program of mandatory random drug-testing of student-athletes participating in NCAA championships and in post-season football games.

The program has been in force for one full academic year, and preliminary indications are that it may represent a significant deterrent to the use of drugs by student-athletes. Of 3,511 male and female athletes tested in connection with 34 NCAA championship competitions and in some 20 postseason bowl teams (90 test sites), only 77, or 2.2%, tested positive for prohibited substances. Approximately half of the positive findings were for marijuana or sympathomametic amines, and did not -- because of necessary minimum level requirements -- result in a declaration of postseason ineligibility. Of those positive findings resulting in a declaration of ineligibility, more than three-fourths were for anabolic steroids.[4]

The NCAA drug-testing program has received considerable attention in the nation's press, and has been the subject of

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4/ The National Football League has tested college football players, seeking to be drafted by an NFL club, for alcohol and drug use for the past six years. In the most recent test of 330 athletes earlier this year, twenty-nine tested positive for alcohol or drug use; almost two-thirds of the positive findings were for anabolic steroids, leaving only 13 who tested positive for alcohol or other drugs. This latter figure represents a radical decline from the number of positive tests for these substances in 1986, when 57 "positives" were found (NFL testing for anabolic steroids did not begin until this year).

litigation. We believe the program represents a highly important effort to deal with a serious problem, is absolutely reliable, and is fair to the student-athlete. Let me describe it to you briefly:

Each year, student-athletes at every NCAA institution are required to sign a declaration to the effect that if he or she participates in any NCAA championship event or in any NCAA-certified post-season football contest, the student-athlete consents to be tested to determine use of a banned substance. The student-athlete expressly acknowledges that if he or she tests "positive", the result will be ineligibility for the current post-season competition.[5] A copy of the current student-athlete consent form is attached.

At the beginning of the 1986-87 academic year, the NCAA developed a drug-testing plan and test selection methods for each of its championships and for the post-season bowl games. Student-athletes were not advised in advance which championships would be selected for drug-testing or when testing would occur during the event.

Detailed urine specimen-collection procedures were announced in advance and were specifically followed at each selected championship by specially trained testing crews. These

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5/ Provision is made under the program for protection of student-athletes who passively ingested small amounts of marijuana, and who are under prescription for certain therapeutic drugs.

procedures, which do not vary significantly from those used in connection with Olympic and Pan American Games competition, were designed to ensure that no opportunity would exist for provision of a specimen other than from the student-athlete undergoing testing, protection and identification of the specimen, and assuring a clear chain of specimen custody to the testing facility. These procedures are set forth in the booklet, "The NCAA Drug-Testing Program, 1986-87", submitted with this statement. The NCAA's program protocol for the 1987-88 season is also attached.

All specimens were tested at one of three laboratories under contract with the NCAA, at the University of California at Los Angeles, the University of Indiana, and at Montreal, Quebec. Each of these laboratories has also been approved for use by the International Olympic Committee. Each laboratory was able to demonstrate to the NCAA that with "state of the art" gas chromatography/mass spectometry testing equipment then in use, no opportunity existed for a "false positive" finding.

Under the NCAA procedures, if a specimen tested positive, the student-athlete was given the opportunity to request that an additional portion of the original specimen (placed in a separate container by the athlete himself at the time of provision of the specimen) be tested by a different laboratory technician. The results of this second test were deemed final. In 1986-87, verification testing was conducted on

all samples; in no case was the result of the second test different from the first.

In 1986-87, the NCAA developed a videotape on its drug-testing procedures. The tape described testing procedures to be followed, so that student-athletes, coaches and athletic administrators could be familiar with those procedures prior to testing.

Testing occurred in 1986-87 for a total of six classes of substances, as follows:

- Psychomotor stimulants, designed to prevent or delay fatigue, mask pain and increase self-confidence and aggressiveness.
- Sympathomametic amines, used to increase heart rate, relax brochioles, improve breathing efficiency and increase endurance. Exceptions were made for previously-declared beta blockers for the treatment of asthma.
- CNS stimulants, used to stimulate respiration and heart rate.
- Anabolic steroids, believed to increase muscle mass.
- Diuretics, use to promote quick weight loss and to flush out other drugs from the system.
- Street drugs (cocaine, actively ingested marijuana, heroin, amphetamines), designed to create euphoria and

relaxed inhibition, and in some cases to delay or mask pain.

Some educational organizations, notably the American Council on Education, opposed inclusion of "street" or recreational drugs in testing programs for student-athletes. We firmly disagree with this view. In his recent affidavit, Dr. Dugal described the potential impact of such drugs in the context of athletic competition:

> "Street drugs include heroin, cocaine and marihuana, and in most cases their possession and distribution are either restricted or illegal in the United States. These drugs have complex pharmacological effects, some of which depend on an athlete's state of mind and personality. It is recognized that they cause disturbances in thinking, changes in mood, delusions and even hallucinations. Their use is especially dangerous in the context of competition since they may effect a student-athlete's judgment and perception of time. Such drugs can therefore clearly affect performance - intellectual and physical - and they can be dangerous to the health and safety of an athlete, of other participants as well as of spectators."

Under these circumstances, we believe that a failure to test for recreational drugs, while testing for other more so-called performance-enhancing drugs, would be both irresponsible and inconsistent with our basic goal to promote clean and healthy competitive opportunities.

In addition to the NCAA's drug-testing program for championship competition, about 70% of our Division I institutions either operate or are actively planning a drug-testing

gram (the comparable figure for all three of our Divisions is [illegible]). The vast majority of these programs involve mandatory testing for student-athletes. Testing most often occurs for marijuana, cocaine and amphetamines; a significant percentage of institutions also test for anabolic steroids. As noted above, almost two-thirds of the responding institutions reported that they operated or were actively planning a program for treating and rehabilitating drug-dependent student-athletes: 44% refer athletes who initially test "positive" to a drug counselor; 50% make such referral after the second positive test. Slightly more than a majority require removal or suspension from the team in the event of a second positive test.

There is no doubt that these institutional programs have represented a significant deterrent to drug use among student-athletes, and we believe explain in major part the rather low incidence of positive tests in the first year of the NCAA's testing program for championship competition. They are also enormously expensive: we estimate that institutional drug-testing costs are currently running at a level of $90,000 per year per institution; the NCAA's championship program cost approximately $1.75 million in 1986-87.

Increasing reports on harmful effects of tobacco, in particular smokeless tobacco products, has prompted the NCAA Executive Committee to authorize the inclusion of a provision in the 1987-88 program allowing screening for nicotine use for

nonpunitive research purposes. Based on data reported from studies and research conducted by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, a policy may be recommended to regulate tobacco use in conjunction with NCAA championships and certified events.

In an effort to increase knowledge of the use of drugs by student-athletes, the NCAA will be formulating agreements with other national sports organizations in the United States and Canada to disseminate aggregate data on testing results.

As members of the Committee are undoubtedly aware, the NCAA's testing program has been subjected to constitutional challenge in the courts. The challenging student-athletes, assisted by the American Civil Liberties Union, have claimed that the program represents unreasonable search, violation of equal protection rights and invasion of individual privacy.

I am not a lawyer, but I can say that the NCAA did not undertake this program without seeking exhaustive analysis of its constitutionality. In addition to seeking the formal opinion on the program of our regular legal counsel, the NCAA commissioned a major study of the matter by the Center for Law and Sports at the Indiana University School of Law. We were advised that the program was not unconstitutional.

On the basis of the legal advice received by us, the NCAA believes that the testing program will ultimately be found constitutionally valid for the reasons that under the decisions

of the Supreme Court, (a) there is no constitutional right to participate in intercollegiate athletics and that each student-athlete voluntarily consents to such testing, prior to participation each year, and (b) the NCAA is a non-governmental organization not subject to the constraints on search, "arbitrary" classification and invasion of privacy that may be applicable to governmental bodies. One federal court has already dismissed a complaint by a student-athlete on the latter ground.

I wish to make it clear, however, that the NCAA is not insensitive to the legitimate concerns raised by a drug-testing program. Our program is based upon the non-invasive sampling of urine, rather than blood, is conducted with as much privacy as can be permitted consistent with the need for absolute reliability, and contains numerous safeguards to assure accuracy of result and non-disclosure of identifying information to those not directly concerned. If we could find a less personally offensive but scientifically accurate method of testing, we would use it. However unfortunate in today's society, the program is simply in our view the price a student-athlete must pay if he or she wishes to engage in healthy, fair intercollegiate competition. We will continue to defend the program vigorously in the courts.

In summary, let me say that the NCAA believes that drugs have no place in intercollegiate athletics. Based on reports from and conversations with student-athletes, their support for this program is overwhelming. In fact, many have reported that

they now have an excuse not to use drugs, not succumb to the pressure to do so and to assist fellow students in this regard.

We also believe that the combined drug education and drug-testing programs of the NCAA and its members are beginning to show some salutary results, and we intend to pursue our own program aggressively in the years immediately ahead. It may be unfair in the eyes of some to focus such attention on the use of drugs by college student-athletes -- if anything, their use of drugs is probably less than that of their peers. But college athletes, fairly or unfairly, have been cast or have cast themselves as role models for the youth of the country, and as such, they have a special responsibility to the society of which they are a part. The NCAA intends to do everything possible within its resources to assure that they participate in a healthy, drug-free environment.

Thank you for your attention.

(Affidavit and attachments of Ruth Burkey are in Committee files.)

TEMPLE UNIVERSITY
A Commonwealth University

Department of Intercollegiate Athletics

Philadelphia, Pennsylvania 19122

DRUG ABUSE AND SPORTS: THE RESPONSE OF THE ATHLETIC COMMUNITY

STATEMENT OF

EVE ATKINSON, ASSOCIATE DIRECTOR OF ATHLETICS

for

TEMPLE UNIVERSITY

before

THE U.S. HOUSE OF REPRESENTATIVES

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

on

SEPTEMBER 10, 1987

WASHINGTON, D.C.

Chairman Charles B. Rangel and members of the U.S. House of Representatives Select Committee on Narcotics Abuse and Control, my name is Eve Atkinson and I am the Associate Director of Athletics at Temple University in Philadelphia, Pennsylvania. In addition to my athletic administrative responsibilities in the areas of personnel, budget and policy, I am coordinator of Temple's DETER Program which is a total drug awareness program for our student-athletes.

I am pleased, Mr. Chairman, by your request for me to appear before you and your distinguished colleagues, to give testimony on the role of prevention, education and treatment programs that are most effective for athletes.

Attached as part of my testimony for submission to this committee as Addendum A is an article I wrote titled "Preventive Medicine for Athletes...Drug Education and DETERrent Testing". This document summarizes the history and philosophy of Temple University's DETER Program. DETER, which stands for DETERrent, is a three part drug and alcohol awareness program for Temple's student-athletes that includes education, testing and rehabilitation.

In addition, Addendum B, titled "Policy and Programs for Drug Education and the Prevention of Drug Abuse, Including the Testing and Rehabilitation of Student-Athletes Engaged in the Intercollegiate Athletic Program of Temple University" is submitted for this committee's review. This document is the formal policy and outline of Temple's DETER Program.

Finally, as part of my testimony, I am submitting to this committee Addendum C titled "Temple's Model Drug-Education Program Includes Tests but Emplasizes Counseling". This article is copyrighted, 1987, by The Chronicle of Higher Education, and is reprinted with permission. This document is submitted for the committee's review as testimony to the national prominence of Temple's DETER Program.

Temple's President, Peter J. Liacouras and the Temple Board of Trustees have taken a preventitive medicine approach to address the major concern of drug and alcohol abuse by athletes in our society. In addition, Temple University in March of 1987, initiated an overall drug education program for the total student population called D.A.R.E. (Drug and Alcohol Referral and Education).

In closing, it is my personal opinion that if we, the American people, are going to fight the war against drugs, we can not afford to limit our discussion to the arena of athletics. We must reach the elementary school children and teenagers with interesting and effective drug and alcohol education programs.

THE CHRONICLE
of Higher Education.
February 25, 1987

Athletics

Temple's Model Drug-Education Program Includes Tests but Emphasizes Counseling

Former player, a recovering alcoholic, is key to plan's success; his rapport with athletes is important

By CHARLES S. FARRELL

PHILADELPHIA

When Mike Green talks to Temple University athletes about alcohol and drug abuse, he speaks from experience.

Mr. Green, a former football player who is also a recovering alcoholic, is the key ingredient in what is considered a model drug-education program at Temple. It has had encouraging results since it was instituted nearly two years ago.

Mr. Green, a consultant on drug and alcohol abuse to 150 colleges, says Temple's program is different in that the university "really is concerned all the way from drug testing, to education, to counseling. A lot of schools have just a one-shot deal with a speaker at the beginning of the year and they say they did an education component. Here, they care from beginning to end. If a student has a problem with drugs, Temple sticks with the person. How many schools really do something like that?"

Temple has not had a drug scandal among its athletes. The drug-education program, called DETER, was developed to prevent problems, not to cure them.

Program Costs $150,000 a Year

The program consists of educational and counseling sessions throughout the academic year and includes random drug testing for performance-enhancing drugs, such as steroids.

The entire program costs the university about $150,000 a year, but Temple officials consider it well worth the money. The DETER program, which includes tough prohibitions against drug use by anyone at the university and calls for immediate suspension of any employee found providing drugs to athletes, is considered to be one of the most comprehensive in the country.

TEMPLE UNIVERSITY

Mike Green, who counsels athletes at Temple U. about drugs and alcohol: "I can show them, athletes and coaches, what happened to me can happen to you."

It is easy for athletes to identify with Mike Green. He played and coached football at West Chester University, so he knows about the pressure on athletes, and he is a former abuser of alcohol, so he knows what that, too, is like. "I can show them, athletes and coaches," he says, "that what happened to me can happen to you."

According to Mr. Green, athletes are more likely than other students to turn to drugs and alcohol. They are subject to more pressures than the average student, he says, and drugs and alcohol can often be a release from that pressure. Alcohol is abused by athletes, he says, because it is legal, cheap, and readily available.

When he talks to athletes, Mr. Green says, "I say that it is okay to drink alcohol. But if you abuse that, you're going to have problems with other things. If you don't learn to handle that, everything else will go down the drain. I try to teach the difference between use and abuse."

Explains Harmful Effects

The use of alcohol is often coupled with the use of cocaine and marijuana, Mr. Green says, and "the effect of the three in the body is quite an overload."

Mr. Green doesn't so much tell athletes that they shouldn't take drugs; instead, he explains the harmful effects. He talks

Continued on Following Page

Temple's Drug Program Emphasizes Counseling

Continued from Preceding Page

about how cocaine can traumatize the heart in a way similar to putting too much strain on a muscle, or how alcohol dehydrates the body, leaving it weak.

And he tells them why it is important that they, as athletes, stay clear of drug and alcohol abuse. "I remind them that when they were young, they picked athletes as role models," he says. "Young kids pick them up as positive images, so if they stay correct, they can correct a kid. If they're not part of the problem, then they're part of the solution."

All Temple athletes are required to meet with Mr. Green twice a semester, once in a large group and once in a smaller group. Each session is confidential, and Mr. Green is available for private consultation, also confidential.

'We Want to Do It the Right Way'

While he says Temple does not have a widespread drug problem, he has had numerous private consultations, ranging from athletes who want to stop using street drugs such as marijuana, to those who are worried about an alcoholic relative or friend.

Peter J. Liacouras, president of Temple, says he first felt the need to institute a drug program after a scandal was uncovered at Vanderbilt University a couple of years ago over the sale of anabolic steroids to athletes. "There has been an avalanche of increased drug abuse in our society and, in particular, the use of steroids, which have detrimental side effects, but which young people often will not pay attention to sufficiently because they really want to play," he says.

He talked to other university officials and trustees about a drug-education program, Mr. Liacouras says, because "we want to be national champions in what we do, but we want to do it the right way. We also want to set an example for the rest of the country."

He convened a committee, composed of faculty members and administrators, to develop a program, but he rejected their first proposal, which didn't include drug testing. While he says he is "an old civil libertarian" who respects the right of privacy, Mr. Liacouras says he wanted drug testing because "I don't want any kind of scandal to break out and then have to say, 'Oh, no, if only we had checked, we could have prevented someone from having a dependency.' "

The university decided to educate athletes about all harmful drugs, but test them only for use of steroids, cocaine, and amphetamines. Mr. Liacouras is especially concerned about the use of drugs "that enhance performance and thereby give us a competitive advantage and potentially harm the student athletes. It is not fair to compete when one side has a competitive advantage, especially when it's gotten through improper means."

Initial reaction to the program was mixed, says H. Patrick Swygert, vice-president for university administration. Some off-campus people thought having such a program was an admission that Temple had a drug problem, he said, and some civil libertarians threatened to take the university to court. Fortunately, he says, "many others thought it made sense to anticipate and thus avoid a problem."

The DETER program is administered by the vice-president of the university's Health Sciences Center, to avoid any possible conflict of interest within the athletic department.

Eve Atkinson, associate director of athletics, coordinates the program for the department. "We had to develop safeguards, such as an appeals process," she says. "If we didn't have it, it would be an injustice to the student athlete. We feel it is best when the whole system works and the students feel that it is credible that it's fair."

Mr. Liacouras, who calls drug testing merely an exam to see if drug education is working, reports that since the random testing was instituted in 1985, only three athletes have turned up positive for steroid use. The latest round of random tests conducted this year among the 350 athletes has uncovered no drug use.

Some Players Were Skeptical

Mr. Liacouras himself submits to the test whenever athletes are checked for drug use. He says, with a chuckle, "So far, I think I've passed every one—I hope."

Sanctions for drug use include an individual education-and-rehabilitation program for the first violation. A second positive test leads to suspension from a team for the academic year. A third leads to dismissal from the team and the loss of one's scholarship.

Temple athletes show little or no animosity toward the DETER program, although many were skeptical when the plan was first announced.

Says Nate Blackwell, a star basketball player: "I really didn't think it was necessary, but I understood the reasons why they decided to take the step and make a statement. It is really a statement to the nation that we don't want to have a problem here, and if there was a problem, they wanted to jump on it before it could escalate."

The program "informs you how not to drink," Mr. Blackwell says, "and if you need help, there are people you can get in contact with and come forward in confidence. Your name won't be blasted in the paper, and you can work a problem out with someone who has experience in dealing with this type of thing."

'We're Ahead of Everyone Else'

Mr. Blackwell says he has never succumbed to the lure of drugs, but he believes athletes are more susceptible to such use "because there are a lot of people who want to be associated with you when they see you in the public eye. They give you stuff free, just to say they were out with you or you're good friends. Once you get started, it is hard to stop, from what I hear and see."

He also notes, "Since we started the program, the N.C.A.A. has started testing. We're two years ahead of everybody else, so there won't be any surprises here."

The coaching staff at Temple also backs the DETER program.

"This is not police action, so we're not testing for a lot of drugs," says the football coach, Bruce Arians. "We're testing for athletic drugs, so to speak, which might make us different from other drug-testing programs. We don't want an athlete to feel he has to win at all costs; we just want an athlete to perform at his best and get his degree."

Temple's testing for steroids "puts us behind the eight-ball sometimes," Mr. Arians says, "because other schools are not testing for steroids, so we play against guys on steroids."

Mr. Arians says he has witnessed a reduction in alcohol consumption by the football team since the DETER program was instituted.

"We've educated players not only about what alcohol does to your system," he says, "but also how it will affect your performance on a Saturday. It has opened up a lot of eyes."

PREVENTITIVE MEDICINE FOR ATHLETES ...

DRUG EDUCATION AND DETERrent TESTING

. Written by Eve Atkinson

Drug abuse is not the issue among the 450 men and women who compete in 18 intercollegiate sports at Temple University, but officials at the century-old institution still believe in the proverbial ounce of prevention. The University's Board of Trustees, acting on the recommendation of President Peter J. Liacouras and a blue-ribbon panel of faculty and staff experts he appointed, has approved one of the toughest drug and alcohol education and drug testing programs in the nation.

Known as DETER, the program represents a comprehensive educational effort to tackle the issue of drug abuse before it becomes a problem. DETER provides for computerized random drug testing in every men's and women's sport, and alcohol and drug rehabilitation for those who may need it.

The obvious question is why? If Temple does not have a drug abuse problem, why did University administrators and trustees feel the need to come down so hard on the possibility of future abuse among the student-athletes? The answer was provided by President Liacouras in a statement issued when Temple announced the DETER Program. Drug abuse, he pointed out, is a national concern.

> We can either bury our heads in the sand about this issue and wait for others, such as the National Collegiate Athletic Association, to set up procedures, or we at Temple can take the lead, acting in the best interests of our University, our student-athletes and intercollegiate athletics.

Temple did not enact the program without serious deliberation. Behind the trustees' action was six months of intense study by a special University panel appointed by Liacouras. Its chairman was a professor of chemistry and its members included faculty who are physicians, pharmacologists and lawyers, as well as administrators and students.

Based on the strong belief that the use of peformance-enhancing drugs is a grave threat to the integrity of intercollegiate athletics and poses great danger to the health and careers of our students, DETER offers education, testing and rehabilitation. It is administered exclusively by the Vice President for Temple University's Health Sciences Center, and all student-athletes are required to participate in the educational and testing programs in order to be eligible to compete in intercollegiate sports.

Here is how DETER works:

Educational Component

The educational component of the DETER Program consists of initial drug education and counseling sessions conducted every fall for all student-athletes. During this period, copies of the DETER Program's policies and procedures are explained in detail and ample time is given for the student-athletes to ask questions and voice concerns. An ongoing drug and alcohol education program is continued throughout the entire academic year.

Testing Component

The drug testing component explicitly looks for traces of anabolic steroids, cocaine and amphetamines. In rare cases, exceptions are granted for physician prescribed medications. The use of any drug which is considered illegal by federal or state law is strictly prohibited.

Routine drug testing is done by computerized random sampling. In certain sports, a "double chance", or weight for random selection, is given based on the results of scientific research indicating that participants in that sport are more likely to use "performance enhancing" drugs. There are two different types of random drug screening that take place at Temple. Computerized random testing may occur within 48 hours of administrative notice to the Director of Intercollegiate Athletics and computerized random testing may take place 48 hours after competition.

At the beginning of each semester, the Director of Intercollegiate Athletics provides a complete and updated list of all student-athletes associated with Temple's Intercollegiate Athletic Program to the Chair of the President's Athletic Council. The Chair of the Athletic Council then designates a faculty member of the Athletic Council to randomly select by computer the student-athletes who are required to participate in the drug screening. This designated faculty member then notifies the Director of Intercollegiate Athletics and the Director of Student Health of the student-athletes who have been randomly selected. The Director of Intercollegiate Athletics then notifies the appropriate athletic personnel to contact the student-athletes to be tested and inform them of the location and time of the drug screening.

Although Temple University has an excellent hospital and laboratory facilities on campus, an outside drug testing laboratory is utilized to ensure complete security of the student-athlete's identity. Additionally, the athlete's identity is protected by placing the operational phase of the DETER Program outside the Department of Intercollegiate Athletics.

Appellate Procedure

In order to ensure due process to a student-athlete who has a confirmed positive test result, an appeal procedure is available before sanctions are imposed. The Appeal Panel consists of the Chair of the University Disciplinary Committee, the NCAA Faculty Representative, two student-athlete members of the President's Athletic Council, and a physician appointed by the President. All student-athletes who have had a confirmed positive test result will be re-informed of their appellate rights.

Sanctions

The sanctions associated with the DETER Program are not intended to be punitive in nature but are intended to be "DETERrents". They are minimum sanctions and a head coach may impose more stringent regulations. All student-athletes are required to execute a form which grants their consent to all aspects of the DETER Program (education, testing and rehabilitation) and authorize confidential release of the urinalysis results to a limited number of University personnel. If a student-athlete declines signing this consent form, the athlete is immediately ineligible (pending appellate procedures) for team practice and competition for the entire academic year. In addition, if this student is an athletic grant-in-aid recipient, a recommendation of non-renewal of athletic aid would be processed according to NCAA regulations.

Upon receipt of the first confirmed positive test result from the laboratory, the student-athlete is informed of the test results. Notification is then given to the Vice President for Health Sciences Center, Director of Intercollegiate Athletics, Head Coach, and, if the athlete is under 18 years of age, his or her parent(s) or guardian(s). The student-athlete is then required to complete an individualized education and rehabilitation program, and the costs will be absorbed for one academic year by the University as permitted by NCAA regulations. This student-athlete is then removed from the computerized random sampling category and is tested periodically for the drug(s) detected in the first confirmed positive test. The decision of retesting(s) shall be determined by the Director of Clinical Laboratories at Temple University Hospital, subject to the approval of the Vice President for the Health Sciences Center. The decision regarding time will be based solely on medical data concerning how long the drug(s) for which the student-athlete tested positive stay in the person's system.

When a second confirmed positive test result is received from the laboratory, the same notification procedures are used that were followed under the first violation. Pending appellate procedures, the student-athlete is then immediately suspended from the athletic program for the academic year. He or she is required to continue an individualized education and rehabilitation program. The student-athlete would be tested periodically until the end of the academic year.

If the student-athlete refused to be tested or if two consecutive urine tests were not negative within a determined period, the athletic grant-in-aid recipient would be recommended for non-renewal of aid. However, this individual would be encouraged to remain in the drug education and rehabilitation program and the costs will be absorbed for one academic year by the University as permitted by NCAA regulations.

Detection of a third confirmed positive test result is the most severe violation of the DETER Program. Upon receipt of a third confirmed positive test result, the same notification procedures are utilized. Pending appellate procedures, the individual is immediately and PERMANENTLY dismissed from the athletic program. If the individual is an athletic grant-in-aid recipient, a recommendation of non-renewal would be processed consistent with NCAA regulations. Likewise, this individual would be encouraged to remain in the drug education and rehabilitation program. These costs would be absorbed for one academic year by the University, consistent with NCAA regulations.

Employee Policy

In conjunction with creation of the DETER Program, President Liacouras and the Board of Trustees reemphasized a previously established administrative policy which prohibits the recommendation and dispensing of illegal or performance enhancing drugs by a coach or athletic trainer to student-athletes. Violators of this policy would be immediately suspended and, pending appellate procedures, dismissed from employment. Executive administration also extended this policy to ALL Temple University employees.

Summary

Temple University is fortunate in having athletic administrators and personnel who have approached the DETER Program with a positive attitude. They realize that the DETER Program was not instituted overnight, and that considerable thought and deliberation was given to this important issue. The reaction among our student-athletes has also been encouraging. They understand that DETER's purpose is to protect their health and preserve the integrity of their athletic programs. By creating DETER, Temple University has utilized a "preventive medicine" approach to address a major concern in our society.

ABOUT THE AUTHOR

Eve Atkinson is an Associate Director of Athletics at Temple University. Her responsibilities include budgeting, personnel, and administrative operations for 18 men's and women's varsity sports. She has been recently appointed by President Peter J. Liacouras, Esq. as the Coordinator of the DETER Program.

Ms. Atkinson is also the owner and Executive Director of Atkinson and Associates, an athletic consulting firm located in Gladwyne, Pennsylvania. Atkinson and Associates specializes in consulting clients in the areas of drug testing, athletic liability and torts, NCAA rules and regulations, designing aquatic facilities and providing informational assistance on athletic scholarships to the college bound student-athlete.

A magna cum laude graduate, she received her master of science degree from West Chester University of Pennsylvania and is currently pursuing doctoral studies in administration with a minor in business at Temple University. Atkinson is a former member of the distinguished NCAA Council and currently chairs the NCAA Women's Swimming Committee and the NCAA Women's Committee on Committees.

POLICY AND PROGRAM FOR DRUG EDUCATION AND THE PREVENTION OF DRUG ABUSE, INCLUDING THE TESTING AND REHABILITATION OF STUDENT-ATHLETES ENGAGED IN THE INTERCOLLEGIATE ATHLETICS PROGRAM OF TEMPLE UNIVERSITY

Section 1. Purpose

1. Temple University believes that the use of controlled substances and "performance-enhancing" drugs constitutes a threat to the integrity of intercollegiate athletics, represents a danger to the health and careers of student-athletes, and unduly exposes student-athletes to exploitation.

2. The University has, therefore, decided to adopt a policy and program for drug education and the prevention of drug abuse, including the testing and rehabilitation of student-athletes engaged in the intercollegiate athletics program of Temple University. The program seeks to protect student-athletes at Temple from the risks and dangers of drug abuse through such measures as drug education, testing, rehabilitation programs, and, where appropriate, sanctions for repeated violation of this policy.

Section 2. Program for Drug Education and the Prevention of Drug Abuse, including the Testing and Rehabilitation of Student-Athletes

1. A Program for Drug Education and the Prevention of Drug Abuse, including the Testing and Rehabilitation of Student-Athletes Engaged in the Intercollegiate Athletics Program of Temple University [hereinafter, DETER Program] is hereby created.

2. The DETER Program will be administered by the Vice President for the Health Sciences Center. A designee may act on behalf of the Vice President for the Health Sciences Center for all purposes set forth in the Policy and DETER Program, pursuant to such a written delegation from said Vice President.

3. All student-athletes engaged in the intercollegiate athletics program shall participate in a regularly scheduled Drug and Alcohol Education Program. The program will consist of drug and alcohol counseling sessions conducted during the pre-season for Fall sports competitors, and during the first week of the Fall semester classes and the first week of the Spring semester classes for all other sports competitors.

An ongoing drug and alcohol educational program for student-athletes will also be available throughout the academic year. Where applicable and appropriate, drug rehabilitation programs will also be available as set forth below.

4. A copy of this policy and DETER Program will be distributed to each student-athlete during the counseling sessions.

5. Each student-athlete is subject to the Policy and DETER Program. To be eligible to participate in Temple University's intercollegiate athletics teams, a student-athlete must comply with the provisions of this Policy and DETER Program, including the execution of a Consent Form.

Section 3. Prohibited Drugs

1. Use of anabolic steroids, cocaine and amphetamines, and any other controlled substance proscribed by federal or state law, by any member of any intercollegiate athletic team of Temple University is expressly prohibited, whether such use occurs before, during or after the team's season. The only exceptions are for licensed physician-prescribed medication for the individual student-athlete.

2. Unauthorized use of such drugs constitutes an abuse of the privilege of practicing and representing the University in intercollegiate athletics competition. Such unauthorized use may result in dismissal from the intercollegiate athletic teams and may lead to further sanctions including the loss of a student-athlete's athletic grant-in-aid, consistent the NCAA regulations following the completion of the pertinent academic year.

Section 4. Drug Testing Screening Procedures

1. Under this DETER Program, there shall be routine drug testing for the use of anabolic steroids, cocaine and amphetamines by any member of any intercollegiate athletic team at Temple University.

2. On September 1 and January 15, respectively, of each year, the Director of Intercollegiate Athletics will provide the Chair of the President's Athletic Council with complete list of all student-athletics engaged in the intercollegiate athletics program of Temple University. The list shall be amended, where appropriate, periodically during the academic year.

3. The Chair of the Athletic Council shall designate a faculty member of the Athletic Council to perform the following function: i.e., to select, at random, the student-athletes who will be required to participae in each testing.

4. There are two types of random testing, described herein.

Part One

a. Test dates, selected at random, will be scheduled during the course of the academic year by the designated faculty member of the Athletic Council.

b. Student-athletes, selected at random, will be required to participate in each testing.

c. The random selection may be weighted more heavily or lightly by sport, at the discretion of the designated faculty member of the Athletic Council.

d. The designated faculty member of the Athletic Council, forty-eight hours before the actual testing takes place, is to notify the Director of Intercollegiate Athletics and the Director of University Health Services of the names of the student-athletes who will be tested.

e. The Director of Intercollegiate Athletics or his/her designee will then notify the student-athletes required to submit urine samples at the designated time and location.

Part Two

a. During the academic year, student-athletes will also be tested within forty-eight hours following athletic competition.

b. Selection will be made on a random basis, by the designated faculty member of the Athletic Council, so that all student-athletes, including those previously tested, are eligible for such post-game testing.

c. Such testing will be conducted throughout the entire academic year at the discretion of the designated faculty member of the Athletic Council following consultation with the Director of Intercollegiate Athletics.

Procedures regarding the collection of samples and rehabilitation are available for inspection in University Counsel's office.

Section 5. Pre-sanction Appeal Procedure

1. A pre-sanction appeal procedure will be available to any student-athlete found to have a prohibited substance in his or her urine sample.

2. An appeal will be heard by a five-member Appeal Panel, consisting of the Chair of the University Disciplinary Committee (UDC), the faculty representative to the National Collegiate Athletic Association (other than the faculty member designated in Section 4 to select student-athletes for drug testing), the two student members of the Athletic Council, and a physician appointed by the President.

3. The Chair of the Appeal Panel will be appointed by the President.

Section 6. Sanctions*

1. Failure to execute the consent form or to undergo drug testing will render the student-athlete ineligible for the entire academic year to practice or represent the University in intercollegiate athletics, and will further result in the student-athlete's loss of grant-in-aid consistent with NCAA regulations.

2. The sanctions for confirmed positive results are set forth below.

   First Violation (First confirmed positive result):

   a. Notification of the confirmed positive result will be given to the Vice President for the Health Sciences Center, Director of Intercollegiate Athletics, Head Coach, the student-athlete and if the student-athlete is under 18 years of age, his or her parent(s) or guardian(s).

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* This section contains the minimum sanctions for violations. Individual Head Coaches may impose more severe sanctions for their teams.

b. The student-athlete is then required to complete an individualized education and rehabilitation program designated by the Vice President for the Health Sciences Center, with costs to be borne by the University consistent with NCAA regulations.

c. The student-athlete is then removed from the random sample categories (Section 4 above). Decisions concerning retesting(s) shall be made by the Director of Clinical Laboratories at Temple University Hospital, subject to the approval of the Vice President for the Health Sciences Center. Decisions concerning the frequency of retesting will be based on medical data and opinion concerning how long the drug(s) for which the student-athlete tested positive stay in the person's system. The student-athlete will continue to be tested for all of the substances tested for.

d. The student-athlete who has been removed from the random sample category will not be returned to the random sample pool until he/she tests negative for two consecutive tests for all of the tested substances.

e. A positive result during retesting for any of the drugs subject to the test will be considered a second offense.

Second Violation (Second confirmed positive result or failure to comply with the sanctions imposed or to fully participate in the rehabilitation program for a first violation):

a. Notification of this second violation will be given to the Vice President for the Health Sciences Center, Director of Intercollegiate Athletics, Head Coach, and if the student-athlete is under 18 years of age, his or her parent(s) or guardian(s).

b. Following such notification, the student-athlete shall be suspended immediately from the athletic team for the academic year.

c. The student-athlete is required to continue the individualized education and rehabilitation program designated by the Vice President for the Health Sciences Center, with costs to be borne by the University consistent with NCAA regulations. Failure to continue the educational

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and rehabilitation programs results in a third violation.

d. The individual will continue to be retested at a time determined by the Director of Clinical Laboratories at Temple University Hospital, subject to the approval of the Vice President for the Health Sciences Center, until the end of the present academic year. If the individual refuses to be tested or, if tested, two consecutive urine tests are not negative and if the student-athlete has an athletic grant-in-aid, such grant-in-aid will not be renewed for this individual at the end of the academic year of such refusal or the academic year following this retesting period, consistent with NCAA regulations.

e. The individual would, however, be encouraged to remain in the drug education and rehabilitation program, with costs to be borne for at least one additional academic year by the University, consistent with NCAA regulations.

Third Violation (Subsequent confirmed positive result):

a. Notification of this subsequent violation will be made to the Vice President for the Health Sciences Center, team physician, Director of Intercollegiate Athletics, Head Coach, and if the student-athlete is under 18 years of age, his or her parent(s) or guardian(s).

b. Following such notification, the student-athlete shall be dismissed immediately and permanently from the athletic team.

c. If the student-athlete has an athletic grant-in-aid, such grant-in-aid will not be renewed for this individual consistent with NCAA regulations following the completion of the present academic year.

d. The individual would, however, be encouraged to remain in the drug education rehabilitation program, and costs will be borne for a least one additional academic year by the University consistent with NCAA regulations.

POLICY AND PROGRAM FOR DRUG EDUCATION AND THE PREVENTION OF DRUG ABUSE, INCLUDING THE TESTING AND REHABILITATION OF STUDENT-ATHLETES ENGAGED IN THE INTERCOLLEGIATE ATHLETICS PROGRAM OF TEMPLE UNIVERSITY

CONSENT

1. I, _____, acknowledge that I have received a copy of the "Policy and Program for Drug Education and the Prevention of Drug Abuse, including the Testing and Rehabilitation of Student-Athletes Engaged in the Intercollegiate Athletics Program of Temple University" (DETER Program). I have read it, been given the chance to ask questions about it, and fully understand its provisions.

2. I consent to have samples of my urine collected, at various times, and tested for the presence of anabolic steroids, cocaine, amphetamines, and other controlled substance proscribed by federal or state law, in accordance with provisions of the DETER Program during the 1986-87 academic year.

3. I authorize the Director of Clinical Labs at Temple University Hospital, or his/her designee to make a confidential release to the Athletic Director, my head coach, the Director of Student Health Services, and my parent(s) or guardian(s) if I am younger than 18 years of age, of all information and records, including test results, you may have relating to the screening and testing of my urine sample(s) in accordance with the provisions of the DETER Program.

4. To the extent set forth in this document, I waive any privilege(s) I may have in connection with such information.

5. I understand that any urine samples will be sent to a certified, independent laboratory for actual testing.

6. Temple University - Of The Commonwealth System of Higher Education, its Board of Trustees, its officers, employees and agents are hereby released from legal responsibility or liability for any action related to the implementation of this program or the release of such information and records as authorized by this form.

_____ (Date) _____ (Signature)

_____ (Sport) _____ (Age)

POLICY APPLICABLE TO ALL TEMPLE UNIVERSITY EMPLOYEES IN REGARD TO "POLICY AND PROGRAM FOR DRUG EDUCATION AND THE PREVENTION OF DRUG ABUSE, INCLUDING THE TESTING AND REHABILITATION OF STUDENT-ATHLETES ENGAGED IN THE INTERCOLLEGIATE ATHLETICS PROGRAM OF TEMPLE UNIVERSITY"

In conjunction with the creation of the new "Policy and Program for Drug Education and the Prevention of Drug Abuse, including the Testing and Rehabilitation of Student-Athletes Engaged in the Intercollegiate Athletics Program of Temple University," Temple University reaffirms its standing administrative policies on illegal drugs by Temple employees.

At the same time, this additional policy is in effect:

"Recommending or dispensing controlled substances or 'performance-enhancing' drugs to student-athletes engaged in the intercollegiate athletics program of Temple University by any Temple employee will not be tolerated. Violators will be suspended immediately with intent to dismiss."

John J. DeGioia
Dean of Student Affairs
Georgetown University
Washington, DC

TESTIMONY BEFORE THE SELECT COMMITTEE ON
NARCOTICS ABUSE & CONTROL
Thursday, September 10, 1987

My name is John J. DeGioia, and I am the Dean of Student Affairs at Georgetown University. It is my responsibility to supervise the department of Student Affairs which includes residence life, dormitories, student extracurricular programs, community involvement programs, performing arts, student health, counseling, psychiatry, career counseling, public safety and police, and athletics and recreation.

As Dean of Student Affairs, it is my responsibility to insure that the programs, policies and personnel guiding the affairs of students are consistent with the mission and goal of Georgetown University. This mission is articulated for Georgetown in the Educational Goals and Objectives of the Georgetown University Main Campus. One passage from this statement clearly states our fundamental goal:

> The Georgetown ideal is the education of the whole person to wholeness within the human community. It aims at disclosing all that it means to be a human being: a center of consciousness and choice, immersed in the physical world and bound to other persons in human society, yet possessed of transcendent values because created and graced by God. Aware of all that their humanity implies, liberally educated men and women are invited to their freedom and to accept their obligations in the human family. For a university serves not only the

> individual but society. Its purpose is to discover, integrate and communicate knowledge, a purpose that presupposes not only a devotion to truth but the freedom to speak, and to hear others speak.

Student Affairs is asked first to shape, sustain and support the community life of Georgetown, through our programs in residence halls, by presenting arts and athletic events, and creating opportunities where the interactions between the members of our community, our faculty, students and administrators, can flourish, and second, to create opportunities for our students to develop their character, through programs in community service, through different extracurricular programs. Athletics at Georgetown, because it is considered an integral part of Student Affairs, is asked to respond to the dual challenge of community development and character development.

In intercollegiate athletics Georgetown University is represented by 23 men's and women's teams in 15 sports. Georgetown competes in the Big East Conference with other member schools; Connecticut, Boston College, Syracuse, Villanova, Seton Hall, Providence, St. John's and Pittsburgh. The conference holds championships in nine men's sports and seven women's sports.

There are three areas in which I wish to comment today:

(1) The role of games and athletics on a college campus,

(2) The current reality of athletics on a college campus and the problems inherent in this reality, and

(3) Recommendations for colleges and universities to address some of these problems which we face today.

(1) The role of colleges and universities are in the business of preparing young men and women for their future careers. We are also in the business of preparing them for lives in which they will be husbands and wives, mothers and fathers, and friends. And we prepare young men and women for citizenship. As Georgetown's president, Rev. Timothy S. Healy, S.J., has stated, "...games, organized athletics, serve our highest university purpose--to make new citizens." Universities take as their responsibility the development of the intellect and the development of the character of the young. Games help us particularly in developing character:

* discipline: the ability to get out and practice day after day, with injuries and illness, is absolutely necessary for success in any athletic endeavor. It is also an important trait to have in any other activity.

* competition: there are important lessons to be learned when one puts oneself up against a standard, whether it be a competitor, a record, or one's personal best.

* mastery: in games, a young man or woman can learn what is excellent by doing something better than most. They will have a standard like an undergraduate major by which to measure a performance.

* enjoyment: games are fun.

* health: through physical fitness one can learn important life skills.

For the individual the benefits are clear; one's character is tested and forged through an activity which requires an intense commitment.

For the community there are two benefits. First, it brings the members together as a community. Through sharing common experiences we build a community. Because of our basketball program, students, faculty, alumni, are able to share in an experience which gives us a commonality.

(2) Now at some levels of athletic competition, particularly these levels which this committee is studying, these two dimensions get overlooked and other considerations take precedence. Once athletics is asked to do more for an institution than develop character in the young and create opportunities for shared experiences for teammates and members of the community, many things can go wrong.

This committee is concerned about the role of drugs in athletics. This is most prevalent with those programs competing at the national level, particularly football and basketball. Essentially today we have an illogical, incoherent and inappropriate situation on our college campuses. Education is not the primary goal of many of our athletic departments. Winning a national championship or a major bowl have taken too much importance. Seasons are too long. The stakes are too high. The involvement of the alumni in the operations of athletic programs is incommensurate with their role anywhere else in the university.

It is easy to see where the causes for this lie. For a coach to participate at a level which includes major bowl games or the final four, the pressure is enormous. This type of pressure is not found in many other places in a university, except perhaps research science labs. When a college or university loses its perspective; when it places inappropriate responsibility on its coaches; when it makes it impossible for a student to practice, compete and succeed academically; when a coach is evaluated not in terms of the quality of education he provides but on how many people he puts in the seats or the proper bowl game or the number of nationally televised games, that coach ceases to believe he is in the business of education. When a student is evaluated by his hook shot or by his rushing yardage and not by the quality of his academic performance; when his school fails to respond to his academic

needs, it is hard for that student to imagine himself as a student. When this happens, when a school does not place athletics in its proper perspective, all sorts of negative things can happen--gambling, ticket scalping, drug use.

Athletics has taken on an inappropriate role on some of our campuses. It is difficult for this level of competition to fit on a college campus. Administratively we are not geared to handle a program in which education is not the primary task of the program. We do our best to make it work. But in many of the ways in which we do try to make it work, we compromise the integrity of the university. Perhaps the most striking example of this has been over the last year in our attempt to address the drug problem through testing. I quote again from Georgetown's president:

> "At our very best, everything we do and say aims at building respect for each other, at fostering a civility of discourse that is the hallmark of a good college, as well as the nursery of responsible citizenship. We cherish an enormous tolerance of individual differences, of the burdens and risks of personal responsibility, in other words, of each other as free and independent human beings. We teach the young that a man or woman earns respect principally by giving it. Mandatory drug testing without proven cause is profoundly disrespectful. It is a bad lesson for universities to teach and wretched training for citizens."

(3) RECOMMENDATIONS

I have several recommendations which I would like the committee to consider:

1. Athletics should be a part of Student Affairs. It should not be separately incorporated or administered separately from the academic program as it is on some campuses. It should not be part of a business office. It should not be part of general administration or financial affairs. It should be directly connected to the department on campus whose fundamental concern is the individual student. Student Affairs has a particular responsibility in the explicit structure of a university community. While all in the university have certain shared responsibilities, no where should the concern for the integration of the undergraduate experience become as conscious a concern as in Student Affairs. Student Affairs consciously makes the whole student its explicit focus. I believe placing it under a department such as student affairs makes it harder to compromise in the treatment of the individual.

2. Athletic departments must use the full range of programs available to the Student Affairs operation of a university to enhance the athletic program. Every campus tries to develop "a safety net" to catch those students who are in most need. Most campuses do this by developing a very intensive program

in the residence halls on its campus by training "resident assistants," usually talented undergraduates and graduate students, to recognize problems and refer them to the appropriate place. At Georgetown each dormitory has such staffs, who also have psychological or psychiatric consultants who work with them to support their efforts and are resources to whom they can refer problems. Coaches and trainers need to be part of this safety net. They should be trained to recognize problems and refer to appropriate mental health professionals. Universities, particularly in the area of student affairs, have health education components, and it is best that the athletic department make use of these educational opportunities that are part of the university.

The bottom line is that athletics must be made to be as much a part of the university as possible.

3. Consistent with this point is the recommendation that athletes not be segregated from the rest of the student body in the residence halls. Athletes should live in the same dormitories with the rest of the student body.

4. Universities need to insure that there are strong institutional policies which have consistent and complete university support, particularly in the areas of discipline and alcohol and substance abuse. An athletic department

should not be expected to keep a clean shop if the rest of the university is not.

5. Certain processes of review of athletes must be institutionalized, particularly academic status. For example, at Georgetown a group of faculty review the grades of every single athlete, scholarship or non-scholarship, three times a year--at the end of summer school, the end of the fall term, the end of the spring term. This way it is harder for a student to fall through the cracks.

6. Drug testing, as I have already said, is a bit more controversial. There are two dimensions to it, of course. There is the performance enhancing aspect, and we all have a stake in this in insuring that our games are played fairly, and perhaps testing at the national level for certain types of these drugs is appropriate. But as I said, there is a cost involved which undermines the integrity of the university. Using the integrity of sport as an important element of life pales in comparison to the right of privacy guaranteed by the constitution, and the violation of this right to privacy is insidious in education.

I recognize that the use of performance enhancing drugs is a constant threat to the integrity of intercollegiate athletics and therefore demands a greater urgency than in

normal circumstances. The NCAA's extensive drug testing program has required us to examine our own behavior in order that our student athletes participating in national competitions avoid the use of drugs which will render them ineligible.

Many colleges, including Georgetown, have had problems with the NCAA program. I do recognize the need for drug testing in the area of performance enhancing drugs, but I am opposed to anything which drastically requires more of an athlete than of a regular student. The NCAA is testing for far more than simply performance enhancing drugs. There is enough which distinguishes our athletes from our students already, and in testing for some of the kinds of drugs which the NCAA currently tests for is, I believe, inappropriate and unacceptable.

I believe with proper coaching, training to recognize and refer, with an extensive set of treatment programs, substance abuse problems can be more appropriately handled.

In closing, I think colleges and universities currently deal with an illogical system, and we do the best we can to make it work. The stakes, the nature of competition, make it very difficult for big time athletics to fit on a college campus. And in a number of ways it threatens the integrity of the university as a university. I believe you need a very

strong Student Affairs program in place both for our regular students and for those who are athletes. Some of us in higher education will contend that the pressures facing students today are greater than they have ever been before. I know this is arguable, but the expectation of colleges is certainly greater. Why else would you have someone like myself here today? I believe colleges are expected by students and parents to be more "in loco parentis" than they have at any time since the mid-1960's. Athletic departments, by the nature of the relationship to the student, have always been more in loco parentis than most of the rest of the university.

The fundamental premise which should guide colleges and universities in their athletics programs is that the athletic department should be a part of an academic or educational program like student affairs and that athletes should be treated within that system. I believe if we have strong policies governing life and strong staff implementing those policies, you can support an athletic department, even at the level of participation which we have today. But where you don't have the strength and you don't have full institutional support, where athletics is separate from the institution, you run great risks.

Thank you for your consideration.

Statement of Calvin Hill

September 10, 1987

Mr. Chairman, members of the Select Committee on Narcotics Abuse and Control, I appreciate the opportunity to appear before you this morning and offer my perspective on drug abuse and professional sports. It is my hope that this testimony helps the Committee in its efforts to diminish the proliferating problem of drug abuse in sports and society.

In 1982, the year I retired as an active professional football player, I was asked by Coach Sam Rutigliano of the Cleveland Browns to work with him and Dr. Greg Collins of the Cleveland Clinic in setting up an in-house drug program for members of the Cleveland Browns team. Together we established a program which was in place by the summer of 1982. The drug program that we established consists of four components: education, intervention, treatment and aftercare. Let us briefly look at each component.

Education. We felt that it was important that our team members had a clear understanding of the consequences, medical and legal, of mind altering drugs. With this end in mind, we invited experts in the field of drug abuse and prevention to address our squad. This was done in the hope that our players,

once apprised of the "real" consequences of using drugs, would be both inspired and scared to make the right choices about using drugs. Additionally, we used educational tracts and periodicals to warn our players about the dangers of drug usage.

Generally, I think the use of speakers and educational tracts were successful in dissuading those players who had never used drugs before or who were just getting into experimenting and thus were not hooked from proceeding farther with drugs. For those players with more serious problems--many of whom came to the NFL from college with a drug problem--these educational efforts probably caused some discomfort and embarrassment.

Intervention. We understood that there were players on the books with serious problems of drug usage for whom no amount of education and talking would get them to make the right choices in the future. With these players we actively intervened or confronted them. The objective of this intervention was to get the players to see Dr. Collins who was an expert. He is a man who has devoted his professional career to the problems of drug abuse. He knows all the questions to ask, the right strategies to deploy to ascertain if a player is addicted. It is Dr. Collins, our in-house diagnostician, who determines what the next step in a person's treatment will be.

In more than ten cases, that next step meant sending a player to a drug treatment rehabilitation center.

Treatment. We have sent players to drug treatment centers around the country. At these centers, the players learned, as they broke through their denial systems, that they were addicts. They learned what drugs had done to them and how to stay well. They learned that there is no cure for their addiction and that recovery is up to the individual. They also learned that there are tested and tried methods of staying sober once they left the treatment center. Important among these were:

1. Finding a self-help group.
2. Finding a small group of "clean" intimate friends with whom to share.
3. Making sure that your primary relationships--your wife, your parents, your girlfriend--are involved in getting counseling.
4. Cultivating your spiritual life.
5. Learning how to ALWAYS ask for help.

Aftercare. Once a player returned from a treatment center, he became a member of our in-house aftercare group, the "Inner Circle." We felt that it was important to have an in-house group for several reasons. First, it afforded each member the "critical anonymity" that is so important especially

in early sobriety. Such anonymity would be more difficult to guarantee if our players, with such high community visibility, had gone to any "outside" self-help group. Obviously, these players were not interested in the fans knowing they were recovering addicts. Also, we felt that given their commonality of experiences and environment in addiction, they would use this to their collective advantage in trying to achieve long term sobriety. Lastly, we could be assured that the players were involved in aftercare during those periods when they and the team were away from home.

Additional important components of the "Inner Circle" were counseling for the players' wives or girlfriends, individual sessions for the players with Dr. Collins, and participation by the players in other self-help groups with other recovering addicts from the Cleveland area for whom anonymity was also critical. All of the aforementioned was monitored or coordinated through Dr. Collins.

This phase of the program also utilizes urinalysis. One of the things we understood from the beginning is the tendency of the recovering addict to relapse. We understood that a treatment center is not a shot of penicillin or some miracle drug that cures drug addiction. There is a tendency to relapse and the urinalysis tells who has and has not relapsed. The key to urinalysis is what one chooses to do with the

information. We chose to use it to help a player in his recovery, not as a punishment. Also we only had a very small sample to collect so as to minimize the chance for error.

Essentially, these are the components of the Cleveland Browns drug program. It is not perfect. We have had some failures within the group and some failures with people whom we did not successfully intervene. But, there are, as of this moment, some spectacular success stories. Like the player who was on the verge of declaring bankruptcy and losing his wife who went on to play the best football of his career and, more importantly, gain control over his life. Or the player that went from being out of control to a leader on the team. All of the success stories realize that they are only as far away from the gutter as the next drink, the next hit of cocaine or marijuana. For them, success is a day-to-day, hour-to-hour journey and not a destination.

My involvement with the Browns program has been enlightening to say the least. Early on, I knew very little about mood altering chemicals. To be sure, I knew that some people drank too much, that some guys liked to smoke a little marijuana or toot a little cocaine. But, I rationalized that "boys will be boys" and after all, "these things are only 'soft drugs', not 'hard' ones. They are not addictive."

How wrong I was! Little did I know that for an addict, the relationship with his drug of choice was his most important one--even more important than his relationship with God or his family. Little did I know that for a cocaine addict, cocaine was even more reinforcing than the desire for food or sex. It was only when I realized the nature of addiction and the power of cocaine and the various other drugs that I realized that helping addicted players would be a tough and very lonely job. I have experienced tremendous disappointments in my efforts to help players because from time to time I underestimate the addictive power of drugs. One religious member of the "Inner Circle" once said to me, "Satan has his most powerful weapon in coke. Next to coke, power, money and women are nothing." Whenever I lose perspective, I remember those words. My experience with this effort has left me with some lasting impressions. I would like to share some of these with you.

First, the success of any drug program in sports is contingent on the head coach having an understanding of the problem of addiction and a knowledge of the various drugs that are currently being used and abused. It has been my experience in talking to other coaches in the NFL and other professional sports--indeed with coaches and athletic directors across the country--that most are not very knowledgeable about drug abuse. As such, they tend to be Neanderthal in their approaches to the problem. Most of these types want to use very

simple solutions to solve a very complex problem. "Give them a drug test and if they don't pass, cut them! We don't need their kind in sports anyhow." The Neanderthal solution to the problem is usually one that is simplistic and full of value judgements. Also, it is one based on a minimal amount of knowledge,at best, about drug abuse.

Second, most professional athletes that I have known with drug abuse problems usually arrived at the pro level with their drug problems. Their drugs of choice were alcohol, marijuana and cocaine--either used singularly or in some combination. It is obvious to me that the problem iof chemical or drug abuse by athletes in the NFL and--I suspect--in other sports' leagues begins before the athletes become professionals in the strictest sense of the term "professional."

Third, the process of addiction is both insidious and seductive. Most of the recovering addicts that I have dealt with all thought they were using the drug with a degree of self control; they all considered themselves to be recreational users. Even as the ebb tide of chemical abuse swept them out of sight of the shoreline of responsible behavior, they all thought it was just a matter of standing up and walking back to the shore.

Fourth, athletes experiment with drugs for a lot of the

same reasons that most other people first experiment. Among these reasons are peer pressure, the opposite sex, boredom, status and insecurity. It is the latter reason that I would like to explore more fully with this Committee because I think such an exploration might suggest a link between today's athlete and chemical abuse in particular. It might also say something about drug abuse in contemporary society.

One of the common features of the members of the "Inner Circle" was their low self esteem. In some cases, this could be traced back to the lack of a positive male role model in the family when the athlete was a boy or the rejection that they felt growing up knowing that their father did not care enough to acknowledge their existence or spend time with them. More than one of the members of the "Inner Circle" talked about the hurt that any young boy would have to feel. I remember one meeting when one of the toughest guys I had met in 13 years of professional football openly wept when he described seeing his father for the first time. He was a teenager. He was getting a haircut and the barber cutting his hair told him under his breath, "That's your father sitting over there!" As he described that day, his father never even acknowledged his presence although by this time he was noted in the community because of his athleticism. As he related this story, I could not help but understand his own lack of self esteem. This player was not the only one with a similar horror story.

It has been suggested that "job security in the NFL is only slightly more solid than, say, that of a bomb detonator." Considering the pressures of the game, the high incidence of injury, the constant risk of very public humiliation, the short career life expectancy sometimes made even shorter by injury and the annual five or six new people, always faster, stronger and younger, trying to replace you, it is not surprising that the average NFL player feels pangs of insecurity. It is an insecurity exacerbated by the fact that only 3 of 10 players graduate from college so many do not have a feeling for being prepared for very much else in life. In my view, this is another reason why an athlete might suffer from a poor self esteem.

One of the issues we always addressed in our meetings was that of responsibility. And yet it is obvious that this society and the way it treats athletes undermines the whole idea of responsibility. One only has to look at the recent problems at SMU or at Georgia and it's developmental studies program, or at the experiences of Kevin Ross at Creighton. The point is, "catch the ball, shoot the ball, throw the ball" and someone will keep you out of jail or academically eligible. The athlete is protected much too often from having to exercise responsibility because of his athletic gifts. And he is taught the wrong lesson at every level of competition. That lesson is

that the rules apply to everyone except me and my jump shot.

It has occurred to me that there are circumstances in our society that may aid or abett the problem of drug addiction for today's professional athlete. In that sense, perhaps contemporary society with its imperfections is enabling. Perhaps today's professional athlete is environmentally predisposed to an addiction to something that is guaranteed to make him feel important and secure.

Drug abuse is a problem in professional football. I believe that the tragedies of the recent past and the attention focused on those tragedies have made it a less obvious problem. The users in professional football are more covert. They are cuter. Sadly, for me, I think we are in an era of covertness. Not a lot of attention is being paid to the problem. And, I have not even mentioned the one drug that may enjoy widespread abuse in football--anabolic steriods.

Today we read that management and union are at an impasse over the collective bargaining agreement. And, yet none of the impasse is over one of the most serious problems confronting not only the sport but the nation. Although professional football is split on how to handle the drug problem in the industry, rest assured that no one will strike over that issue. That manifestation of denial may be--for an industry that

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prides itself on its role modelship in America--its greatest failing.

STATEMENT OF JOSEPH N. CARR, Ph.D.

MENTAL HEALTH PROFESSIONAL

BEFORE

THE SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL

U.S. HOUSE OF REPRESENTATIVES

SEPTEMBER 10, 1987

Good morning Mr. Chairman. My name is Dr. Joseph N. Carr. I am trained in clinical psychology at the Ph.D. level and I have provided mental health services to athletes for the past sixteen years. I appreciate the invitation to share my thoughts with you this morning on the subject of Drug Abuse and Sports in America.

Given the seductive and addictive quality of sports, Americans have allowed athletes and their performances to capture their minds, spirits and sense of self-importance. Under these circumstances, it is difficult to really get to know athletes or to cast judgements on some of their social and emotional shortcomings with any degree of objectivity because the public has so much emotional energy wrapped up in their heros. Consequently, the athletes and their needs have literally "fallen through the cracks". So, in discussing the topic of drugs and sports, we must be careful to avoid looking only at the problem, athletes using drugs. Instead, we must begin to examine the total sport environment: middlemen participation, coaches' job security, sports agents' intervention, academic institution roles and athletes' time management skills and techniques. If we fail to analyze the total environment under which athletes matriculate, our attention will be given only to symptoms rather than cures.

This paper will briefly focus on some environmental factors predisposing athletes to substance abuse. Additionally, some recommendations will be rendered to improve the quality of the athlete's environment and to improve the delivery of mental health services to the sports community.

There are several seeds planted within the environment of an athlete that have the probability of producing an emotional

deficit, giving him or her a certain susceptibility or vulnerability over time to using and abusing drugs. One of these elements is the system of sponsorship. Many coaches, because of the intense pressure to win, frequently rely on individuals outside the school to provide inducements in the form of money, special privileges, or other materialistic gifts to lure good athletes to their programs. The use of middlemen or sponsors can start as early as junior high school, progressing until an individual has reached eligibility to play professional sports. Sponsors perform a variety of functions and wield considerable influence over the course of a significant number of athletic careers. Let's look at some cases and see how the system of sponsorship impacts upon an athlete's personality, survival skills and social adjustment.

Case I

F.T., a 13-year-old, 6'2", 200-lb. football player, considered one of the best athletes to come from his area, was approached by a prominent physician, representing a high school coach, to do whatever necessary to lure the youngster into attending a certain high school. F.T. was given a $200.00 weekly allowance, rides to school and on dates, and a $150.00 monthly clothing allowance.

F.T.'s grade point average throughout junior high school was 1.3. He could not perform multiplication, subtraction or simple division. The junior high school principal was a former football

player who decided to intervene by altering some grades on F.T.'s report card. The principal did not want to take any chances of jeopardizing F.T.'s opportunities to become a superstar.

Case II

B.W. is a 19-year-old, 6'9", senior whose grades were insufficient to meet NCAA Division I's school admission standards. In fact, his cumulative grade point average was 1.7 for four years of high school work. B.W. was rated as one of the top basketball players in the country with over 200 scholarship offers. Recognizing his market value and academic condition, B.W. knew that he must attend a junior college for at least two years and receive an Associates of Arts Degree in order to be eligible for NCAA Division Intercollegiate sports. At the point of filling out financial aid papers to attend junior college, B.W.'s community basketball coach and advisor intervened and told the coach that papers would bot be completed unless the following demands were met:

- Ten round-trip airline tickets for his girlfriend from home
- A student designated to periodically take exams for B.W., especially those exams he felt were too complicated for him
- A foster family with financial resources, so that B.W. could have money and companionship.

B.W. knew that the coach had had two previous losing seasons and was under pressure from local boosters to get on the winning margin. All of B.W.'s demands were met, and he enrolled in the school.

Case III

V.T. is an 18-year-old, senior basketball player in a very prestigious high school. Over the past three years, the principal has received special awards for administrative leadership and community services. V.T. 's average attendance was twice per week, while his grade point average was 1.5.

The Basketball coach made him captain of the team and the principal elected him "Man of the Year".

During his junior and senior years in high school, students and teachers noticed a remarkable change in his appearance. V.T. wore gold chains valued at $2000 and drove an expensive automobile. Several of the known drug runners around the school periodically gave V.T. money and bought him fashionable athletic suits. Finally, he was approached by a drug dealer about playing in a game where he could earn $5000 for participation and $8000 if his team won. Furthermore, the game was supposedly a betting event for several drug dealers and their players. If he accepted the offer, V.T. would be allowed to stay in the most luxurious hotel in town and be placed on a $200 per diem five days prior to the game.

Knowing that V.T. was not going to graduate, his high school coach made a deal with a respected Division I college coach to deliver the youngster to his program by way of a junior college.

However, the stipulation was that the high school coach would receive a recommendation to get an assistant coaching job at a major university. V.T. agreed to follow his high school coach's plan only if he got a car, stereo component set, and fur coat.

Case IV

R.J., age 25, 6'11", and 245 pounds, has an interesting chronology of events tied to his basketball career. In junior high school, he averaged 28 points and 15 rebounds, 30 points and 20 rebounds in high school, 37 points and 18 rebounds in junior college and 17 points and 15 rebounds in college. However, in the professional ranks, he barely averaged four minutes of playing time.

In junior high school, he was diagnosed as having a learning disability, requiring placement in a special education program. But, at the insistence of the coach and various college alumni interest groups, he was taken out of special education programming and placed in a regular curriculum. By the time he reached high school, whatever gains were made deteriorated and R.J. was not processing information efficiently. Even though he was in the 12th grade, he was not performing on grade level. According to evaluators' reports, his scholastic achievements were determined to be at the third grade level in reading, the second grade level in math, and the second grade level in spelling.

Midway through his sophomore year in high school, both of his parents were killed in a car accident. R.J. was the sole surviving family member. The basketball coach intervened and arranged for the owner of a grocery store chain to assume guardianship responsibility. The guardian was, coincidentally, an alumnus of a prominent university. For reasons unknown, R.J. was bounced in and out of two foster home placements over a two-year period.

R.J. lived in wonderful facilities in both junior college and major college. In junior college he had a housekeeper and in major college, a student hired by the athletic department was assigned to take care of all of his needs.

In junior college, the coach, along with the counseling department, devised a special curriculum route, allowing R.J. to acquire sufficient credits to obtain an A.A. degree in General Studies. Upon arriving at major college, he was given a series of elective classes, none of them leading to a degree. Also, an honor student was assigned to R.J. to type papers and conduct library research when needed.

R.J. was drafted into the NBA. He played on an average of four minutes before he broke an Achilles Tendon in practice. Following the termination of his contract, he had an opportunity to play in Europe where he is said to have a drug abuse problem.

Interpretation

Sports activities alone do not produce drug addicts, but there are certain elements pervading the sports environment that make it conducive for an athlete to abuse drugs. In each of the cases presented, we have seen a pattern of dependency evolve, insulating athletes from pressures of the real world.

Help seems to come from unsolicited sources, allowing the athlete to have a certain degree of illusion that he or she does not have to play an active role in planning his or her future. This system of sponsorship, which seems to encourage others to provide the options, creates a pseudo-arrogance while simultaneously crippling many of these athlete's decision-making processes.

Since the system of sponsorship appears to be so well orchestrated, it is easier for some athletes to become experts at blaming others for their shortcomings. Whether it be a student aide who did not have enough time to type the final page of the term paper, or the coach who padded the curriculum for the star player that did not lead to a degree, the athlete often blames others. Whatever the situation, the athlete can often easily deny responsibility for problems which he or she created. Of course, this has serious implications for the athlete's perceptions, judgements, and maturity. Because of possible impairments in judgement and maturity, an athlete often finds it

difficult to ward off an insistent friend who is offering drugs, acknowledge that he or she has a substance abuse problem, or arrive at the conclusion that counseling is needed to conquer drug dependency.

Most of us understand why sponsorships exists. It helps to alleviate distractions for athletes, so that they can do what they do best, perform their sport. A significant number of athletes are literally socially disabled by this process. The components of social disability used in this context are impatience, immaturity, dependency, and arrogance. Most of these characteristics are nurtured by the sports environment, leaving some athletes deprived and susceptible to all sorts of abuse, including, but not limited to, drug abuse.

Typically, those athletes with imbalances in social experiences do not necessarily know how to manage stardom. Either they try to please everyone or ostracize themselves from others. Each group is at risk for substance abuse, including alcohol, because they are in a great deal of pain, and have not learned how to set boundaries for themselves. Remember, for most of their lives, a life itinerary was prepared for them.

The final element that appears to exacerbate the social disability process of an athlete, is that life for them appears to be a series of abrupt transitions, spanning from junior high

school to the professional ranks with each level demanding higher and higher performance standards. Most major corporations have training programs which give employees and interns orientation sessions because they want workers to fully understand the scope of their jobs. Employees who are properly transitioned and oriented in general, are more knowledgeable, more productive and more aware of resources within their workplace. Rarely are athletes at junior or senior high school, college, or professional levels given orientation training, exposing them to the benefits and hazards of their workplace. Consequently, many athletes are in the dark about managing time, fame, wealth, and performance expectations. This, accompanied by the survival guilt of being the only one in the family or friendship circle to make it "big", can cause many athletes to become predisposed to substance abuse.

Athletes are often faced with specific transition periods, which, if left undisturbed, could be deleterious as far as drug abuse is concerned. Injury and the ensuing rehabilitation period, looms as one of the most precarious times for athletes. Questions about regaining performance form and maintaining the coaches' confidence are constant. Additionally, the time involved in the recovery process is often long, allowing for feelings of anger, self-pity and frustration to dominate one's thinking. Professional athletes frequently face trades, and when these trades are reported in the media, this is often a time of

bewilderment and insecurity. It is not atypical for an athlete to feel abandonment and grief because attachments to friends and teammates are threatened. Contract negotiation and contract termination are also serious transition periods needing monitoring. The off-season is another high risk transition period. Players are often left to their personal resources to manage time. However, since time management skills are typically deficient, priorities frequently get misplaced, leaving athletes open to involvement in non-constructive activities which might include substance abuse. Perhaps the most significant transition period is retirement. Grief associated with leaving the sport is enough to drive some individuals into serious depression and chemical dependency.

There are several elements identified in this paper that are believed to predispose athletes to substance abuse. Systematic monitoring of these problems could potentially prevent the significant increases in substance abuse among athletes. Through carefully constructed orientation, education, prevention and intervention programs, many athletes would have an opportunity to be well-rounded individuals and able to live more productive lives. What follows are several recommendations believed to be useful for implementation in junior high school through professional athletic programs.

RECOMMENDATIONS

NCAA 800 Number

NCAA administrators should consider putting in a 800 number to answer questions about recruiting and rule violations. Some parents have literacy deficits and cannot read pamphlets published by the NCAA. A certain segment of parents rely on middlemen and alumni representatives to ascertain information on college policies. Operators on this line should be bilingual in order to deal with individuals from diverse cultural and ethnic groups.

NCAA Orientation and Drug Education

Each athlete entering college should be given a comprehensive evaluation, testing their proficiency in reading, math, and english. Where necessary, individualized programs should be devised in order to aid students in entering degree-oriented programs. Although the SAT serves as a yardstick, measuring students' abilities in certain skill areas, there are many students transferring from junior college (this is not to say that junior college training is insubstantial) or various parts of the country where academic preparation and guidance are lower than national norms. Guidance and career counseling should be mandatory where appropriate.

At the start of each fall semester or quarter, students and coaches participating in NCAA Division I level sports should receive an orientation called Introduction to College Sports. Subjects such as counseling resources, management of stardom, myths and realities of a professional sports career, agent tampering, relaxation training, athlete and coaches' ethical code of conduct, would be covered. Students would be given proficiency assessments, testing their knowledge of information presented in the orientation.

Substance Abuse Seminar

This workshop would cover NCAA policies and procedures on substance abuse and drug screening. Comprehensive discussions would be held on the psychological and physiological effects of illicit as well as over-the-counter drugs. Representatives of Alcoholics Anonymous, Narcotics Anonymous, and family members of chemically dependent persons would discuss issues such as denial and other defense mechanisms associated with substance abuse. Emphasis would be placed on substance abuse and its effects on the family system. Treatment alternatives would be covered in depth.

Athletic Department administrators as well as coaching staff should be mandated to attend. Follow-up sessions should be held periodically during the year.

Comprehensive Counseling and Treatment Facility for NCAA Athletes

Competition and rivalry between colleges and universities are fierce, making intervention and treatment of chemically dependent athletes subject to compromise. With this as a basic premise, management and treatment of athletes should be put under the aegis of the NCAA president's office. The President should split the country into four catchment areas (zones), North, South, East and West. Each of these areas would be fully staffed with multidisciplinary teams, (psychiatrist, physician, psychologist, counselor, social worker, nutritionist, physical therapist and a former athlete who is a rehabilitated drug abuser) to handle general counseling and treatment of drug dependency.

Aftercare would be underscored, particulary with chemically dependent athletes, since this is the area where recidivism is tremendous. Once released from detoxification and treatment, supportive services would be built in to aid the athlete in transitioning back to campus. Aftercare support would include, but not be limited to, home-based treatment, where a counselor-professional team would visit the home. Specialty groups, such as AA, NA, or Al-Anon would provide special services as needed. Monitoring would be ongoing until the student graduates. When he or she graduates, a discharge plan should be devised, directing the student to seek support in his hometown area. If the student lacks knowledge of addiction support systems, a referral would be made with the student's full participation.

Accessing counseling services should be as easy as dialing a 24 hour hotline or 800 number. Information about the 800 number should be broadcast on public service announcements so that private citizens who know of a student-athlete in need of help could call. The name would be kept anonymous. This approach appears to work for crime fighters, so it is felt that the strategy has application for this endeavor as well. Once a player calls, intervention must be received by the player immediately. This counseling and treatment system would have participating professionals in each area near a NCAA Division I Institution.

Orientation, Vocational Awareness, Substance Abuse, and Counseling Resources for Junior and Senior High School Students

Junior high and Senior High School sports programs should have yearly orientation programs, addressing peer pressure, substance abuse, college entrance requirements, high school and recruiting regulations and counseling resources in the local area. Mandatory attendance should be required of all parents of students participating in high school athletics, as well as the athlete himself. Except in the case of documented hardship, if parents or the legal guardians do not participate in the orientation exercises, then the child should automatically forfeit one year of high school eligibility. Coaches should be required to attend these sessions also. School substance abuse policies would be elucidated and parents and student athletes

would be required to sign documents verifying that they understand their purposes. Each school should establish mandatory Student Assistant Programs (SAP) aimed at peers helping peers through chemically involved and needy times.

At these ages it is extremely important that youngsters get exposure to jobs and career choices. A segment of the orientation should be vocational assessment and on-the-job training. Many young athletes consider sports as a career because that is the only path discussed with any degree of concentration. These athletes must get chances to visit industries and public sector facilities as a means of broadening their understanding about the world of work, and its implications for career planning.

Professional Sports Employee Assistance Programs (EAP)

Professional Athletic Organizations need comprehensive drug prevention and educational programs included in their Employee Assistance Programs (EAP). Many athletes entering professional sports have not graduated from college and, in the case of baseball, some have never attended college. In the main, these individuals are typically without crystallized direction about career plans. When the hopes and dreams of a professional career are abruptly dashed, the fall can be devastating, sometimes leading to drug dependency. Professional sports EAP programs must evaluate players' job readiness and stress

resiliency as soon as they enter the league. This means structured orientation as well as comprehensive general counseling and aftercare services for those who experience bouts with drugs. Spouses' Associations must be organized because they can lend tremendous assistance when someone is recovering from chemically-involved problems. EAP programs must have 24-hour hotlines, allowing member employees to have access at whatever time they deem it necessary. Additionally, active and retired players should be counselors (under trained supervision), because they provide a "comfort zone" that is so vital to help and assistance.

Licensure for Sports Agents

Any person wanting to practice as a sports agent should be mandated to take a national licensing examination which would include ethical standards of conduct. There have been several reports that agents have given athletes money and cocaine in order to solidify their representation and create client dependency. In order to reduce this type of ethical violation, agent candidates would have to be certified by a National Board of Examiners. Once endorsed, these individuals would be placed on a national registry and made eligible to represent players. However, if these persons want to practice in the NFL, NBA, or other sport associations, they would have to be approved by each league before they would be allowed to represent players in those sports.

Tenure for Coaches

Collegiate level sports must find a way to get depressurized. Coaches' job security probably impacts on athletes perceptions and social adjustment as much as other factors. For example, knowing that the coach has one year remaining on a three-year contract with a win-loss percentage below five hundred might generate anxiety within the team. A classic ripple effect is in process. The coach is under fire, leading too often to hasty decisions in recruiting; the players are feeling insecure in their playing roles, in dealing with peers and the media, and their scholarship arrangements. In effect, an entire team becomes disturbed and vulnerable to frustration. Student athletes with marginal academic and personal adjustment skills will generally have the greatest reaction to this destabilizing situation.

Coaches need to be placed on the same tenure track as other faculty. If this could be accomplished, most coaches would feel increasing degrees of comfort, allowing them to be managers and better problem-solvers. Substance abuse as well as other social adjustment problems normally take place where there is chaos and enabling people too weak to set limits. Let's give coaches the support they need by making them full-fledged members of our university faculties. In the long run, their job security might permit coaches to minimize crisis management and create a more consistent support-oriented climate. This in turn, should create an environment for athletes that is less conducive to the lure of substance use and abuse.

The ground that coaches and players walk on must become less slippery. If this does not occur, cheating will increase, leaving players, particularly those with learning disabilities, left in the sports community junkyards. Again, this is not just a drug problem; it is a sports community problem. We hold the keys to making athletes' environment a more secure and supportive place.

Again, thank you, Mr. Chairman and Committee members, for giving me this opportunity to share my thoughts with you regarding sports and drugs.

HAROLD BELL
INSIDE SPORTS
COCAINE HOTLINE

HOW TO STRIKE OUT DRUGS IN SPORTS

I AM NOT ENTIRELY CONVINCED THAT PROFESSIONAL SPORTS IS SERIOUS ABOUT WIPING OUT DRUG USE IN THE ATHLETIC ARENA. WHY AM I NOT CONVINCED? BECAUSE OF THE KNOWLEDGEABLE AND SOMETIMES WELL DOCUMENTED ABUSE OF DRUGS BY TODAY'S ATHLETES.

THE HEAR NO EVEIL, SEE NO EVIL AND SPEAK NO EVIL ATTITUDE OF TODAY'S OWNERS, FRONT OFFICE STAFF AND PLAYERS SHOULD NO LONGER BE TOLERATED.

TO RID SPORTS OF DRUG USERS IS NOT AS COMPLICATED AN ISSUE AS THE OWNERS AND PLAYERS WOULD HAVE YOU BELIEVE. THERE IS A SIMPLE SOLUTION: THERE MUST BE RANDOM AND MANDATORY DRUG TESTING GIVEN TO EVERY PROFESSIONAL ATHLETE. I AM WELL AWARE OF HOW THIS SYSTEM COULD EASILY BE ABUSED BY VINDICTED OWNERS AND COACHES. I AM SUGGESTING THAT THERE COULD BE IMPLEMENTED, A CHECK AND BALANCE SYSTEM TO KEEP THE ABUSE OF THE SYSTEM TO A MINIMUM. IF THE OWNERS ARE GOING TO PAY THESE ATHLETES SALARIES RANGING ANY-WHERE FROM $100,000 TO 2 MILLION DOLLARS A YEAR, THEY SHOULD BE ABLE TO RANDOMLY TEST THEIR EMPLOYEES ANYTIME THEY REPORT TO WORK. THIS TYPE OF TESTING IS BEING EFFECTIVELY AND QUIETLY IMPLEMENTED IN PRIVATE INDUSTRY. THEIR ATTITUDE IS, IF WE ARE GOING TO PAY, YOU CANNOT AND WILL NOT PLAY. ON THE OTHER SIDE OF THE COIN, THE ATHLETE AND EVEN THE EMPLOYEE IN PRIVATE INDUSTRY MUST BE PROTECTED FROM HARASSMENT BY THE EMPLOYER. HOW CAN ONE BE PROTECTED? IF AN OWNER WANTS TO TEST AND ATHLETE FOR DRUGS AND IF HE IS WRONG, THE

OWNER MUST PAY FOR HIS MISTAKE. THE PAYMENT COULD BE IN THE FORM OF A $50,000 RAISE OR A YEAR'S EXTENSION OF THE PLAYER'S CONTRACT. THE PLAYER WOULD ALSO HAVE AN OPTION TO HAVE HIS URINE TESTED BY AN INDEPENDENT LABORATORY, WITH HIS LAWYER PRESENT. THIS WOULD MAKE THE OWNERS TAKE EXTREME CAUTION BEFORE CALLING IN A PLAYER FOR TESTING. IF THE PLAYER'S CAREER IS ON THE LINE, IN ALL FAIRNESS, THE OWNERS SHOULD HAVE SOMETHING AT STAKE BESIDES THE EMPLOYEE'S BATTING AVERAGE.

October 1986

Sportscaster declares war on cocaine

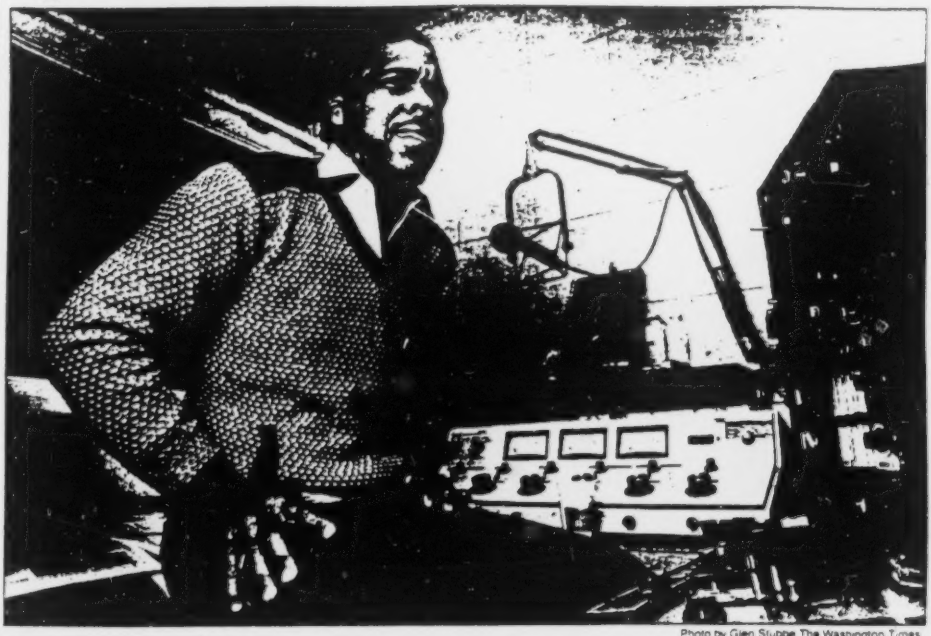

Photo by Glen Stubbe The Washington Times

Radio sports personality Harold Bell mans his Cocaine Hot Line at gospel station WUST-AM.

By Lucy Keyser
THE WASHINGTON TIMES

When the woman caller learned she had dialed radio sportscaster Harold Bell's Cocaine Hot Line instead of her girlfriend, she mentioned her 11-year coke habit as casually as one might discuss the weather.

"So I started asking her some questions," Mr. Bell says, watching for the blinking light to the new hot line installed in his small studio office at radio station WUST (1120-AM). "She said she was 29 years old, didn't work and had been living off her dealer boyfriends for years.

"She said, 'I guess I need some help, but I don't want none.' "

Mr. Bell shakes his head at the caller's lackadaisical reaction, a chilling reminder of a vicious circle he hopes to steer young athletes away from with his hot line.

"Everybody's doing it — teachers, students, lawyers, doctors, politicians, athletes, the rich, the poor — all walks of life," Mr. Bell says. "My friends who deal and do it — I don't condone it. But I understand it. They

see BELL, *page 6B*

BELL

From page 5B

want to go first-class today, and co-:aine allows them to do that."

Mr. Bell, 48, grew up in a North-:ast Washington public housing :roject and knows about wanting to :o first-class. His mother supported nerself and her four children by sell-ng bootleg liquor, running card :ames and playing the numbers. When he was in high school, she had a nervous breakdown and began a :2-year stay at St. Elizabeths.

At that time, he was a "self-:entered athlete" at Spingarn High School, where he fought with team-nates and hogged the ball, earned ad grades and was generally so devilish" that the principal once asked Mr. Bell's mother to whip him publically at a school assembly. He ransferred high schools twice, slept

"My work in the community now is a ay of saying thanks. here are few financial rewards, but the spiritual rewards are unlimited."

in cars and his aunt's basement, and was constantly getting kicked off school sports teams.

Several coaches and principals, however, stood behind Mr Bell despite his unruliness, impressed upon him the importance of certain values and self-discipline, and helped him get a sports scholarship to Winston-Salem State University in North Carolina.

"My work in the community now is a way of saying thanks to them," Mr Bell says. "There are few financial rewards, but the spiritual rewards are unlimited."

Mr. Bell had 14 years of radio sports talk shows and newscasting behind him at WOOK, WOL and WYCB before joining WUST a year ago. But he first became known locally as a high school, college and semi-pro athlete, starring as a wide receiver for the Virginia Sailors and a player on a Redskins "farm team."

He used that notoriety later when he began working with various community social and recreational programs for youth.

"I knew him about 20 years ago when he was one of the Roving Leaders [with the D.C. Recreation Department] at Harrison playground at 13th and U streets," says WUST station manager Koko Farrow. "He had a history of not smoking, drinking or using drugs, which was kind of unusual — he was sort of a local folk hero for the children. They all loved him, and even on his days off they'd come looking for him at the playground."

WUST program director Lou Hankins says he wanted Mr. Bell as the gospel station's sports director because he had "different characteristics, in that he was concerned about the community — he even persuaded my brother to go back to school."

"He has broadened the mind of our listening audience," Mr. Hankins says, noting that Mr. Bell's appearances before local church congregations has gained him respect in that sector of the community.

"And he's increased the male listenership for us — their participation in contests and call-ins has gone up," Mr. Hankins says.

The station recently added a 4:45 p.m. sports broadcast to Mr. Bell's duties. He has a weekday morning sports broadcast at 8:25, as well as his popular "Inside Sports" talk show with sports celebrities at 11:30 a.m. Saturday mornings.

In 1980, "Inside Sports" was selected the best sports talk show in Washington by Sports Illustrated, and Washingtonian magazine selected Mr. Bell as "Washingtonian of the Year" for being a "one-man community action program."

Former Redskins running back Calvin Hill often appears on "Inside Sports" and is part of Mr. Bell's advisory group for the Cocaine Hot Line. Mr. Hill will be available to meet personally with young athletes who call the hot line and will speak at local high schools to publicize the hot line, he says.

"Harold knows a lot of people in Washington, so he's ideally situated to deal with the problem and be a source of information for people who have the problem, and coaches and recreational directors," Mr. Hill says.

"He's highly thought of in the black community — he knows all the grass-roots people and has his tentacles out there," Mr. Hill says.

Since the hot line began about a month ago, Mr. Bell has received about 40 calls. Many are from parents wanting to know the signs of drug addiction in children or asking where they can take their kids f help. Some calls are from Baltimor where parents say their children a on waiting lists for drug treatme programs.

Mr. Bell refers callers to publ and private drug programs and pe sonally visits some. For young cal ers, the most important thing he ca offer over the phone is reassuranc and motivation, he says.

"All of my confidence came fro being an athlete — I always had th attitude that I was No. 1, and I thin that's the problem with a lot of ou young folks today," Mr. Bell say "You gotta feel good about yourself.

Photo by Gary Sluder The Washington Tim

"I always had the attitude that I was No. 1, and I think that's the problem wit a lot of our young folks today," says WUST-AM sportscaster Harold Bell

October 1986

Sports Notebook

Cocaine Hotline for Area Athletes

By Donald Huff
Washington Post Staff Writer

Radio station WUST and Inside Sports host Harold Bell have begun a cocaine hot line for student-athletes who have problems with drugs.

Bell, a Washington, D.C., resident who has worked for years with area youth, has gotten several professional athletes to help him. Members of his cocaine assist group include NBA players Thurl Bailey and Eric Floyd, former professional athletes and coaches Al Attles, Red Auerbach, Spencer Haywood, Calvin Hill, Paul Hornung, Sam Jones, Sonny Hill, John Lucas and Earl Lloyd.

"I call those guys my A-Team," Bell said. "These guys are concerned about America's youth and wanted to help. Our program is designed to assist any student-athlete from elementary to college who is having problems with drugs. We offer confidential help to anyone who needs it."

He said his team will meet with, and counsel, any youth on a one-on-one basis. If need be, the group will then refer the youth to a rehabilitation program.

"We began last week and have already had a number of calls from students and their parents," he said. "We even heard from a few adults and we welcome those also. We just want to offer encouragment and help these youngsters regain their self-esteem."

The number to call for help is CO-caine.

Hot Line for Athletes a Winning Idea

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The A-team includes such well-known figures as Red Auerbach, general manager of the Boston Celtics; Paul Hornung, former football star and now a television sports commentator, and Calvin Hill, a former Redskins player.

"The reason I decided to use the A-Team members is because students are impressed with the so-called hero thing," Bell said. "They give the program a lot of credibility. One thing I'm looking for is people to be on the A-Team that have had drug problems but are willing to admit, 'I have had a problem, and I know what it's like to be there.' "

Bell, who has three volunteers helping him answer calls, said his most difficult cases have been the wife of a heroin addict in Baltimore and a 21-year-old District woman who had been free-basing cocaine for six months, had been kicked out of her parents' home and was close to losing her job. Bell referred the woman, as he does all his callers, to the District's Comprehensive Abstinance Program (727-0668).

Eventually, Bell would like to see a similar hot line implemented in other cities.

"He has enough friends in other cities to get it going," said Lloyd, a former player and coach with the Detroit Pistons and now the assistant director of the Training and Placement Center for low-income families in Detroit.

"He's motivated to do something in addition to what's being done. I think he's concerned that these people are falling by the wayside, that we're losing people with potential."

Bell grew up in a housing project in Northeast called Parkside—"a rough area where the big drug traffic is." He said the experience has helped him relate to his callers.

As a teen-ager, he "shot craps pretty good" and did other "devilish things." During his senior year, when he transferred from Spingarn High School to Eastern High School and back to Spingarn, he would sleep in cars, nearby parks or an aunt's basement.

But he said he regularly attended school, proving wrong a principal who said he "wouldn't live to get out of high school."

"I was an athlete," Bell said. "When I went to school, I felt like somebody. That kept me going."

Being an athlete also attracted attention when he was a caddy on the weekends at Burning Tree Country Club in Bethesda. It was there that he met then-Vice President Richard Nixon and then-Attorney General William P. Rogers.

Occasionally, after a round of golf, they would drive Bell to the bus stop. Nixon remembered Bell, helping him become sports and recreation specialist for the Defense Department in 1969.

Perhaps the greatest impact on Bell's life was leaving the city and attending college at Winston-Salem State in North Carolina in 1959. "I think by going down to Winston-Salem, I found out, through [football coach Clarence] Big House Gains, that the most important game being played wasn't basketball, football, baseball," Bell said. "It was a game called life."

Hot Line for Athletes Proves Winning Idea

By Ed Nicklas
Special to The Washington Post

After spending time in Detroit with friends Spencer Haywood and Earl Lloyd to discuss what he called the "drug epidemic" among student athletes, Harold Bell returned home to the District, still pondering ways to deal with the problem.

One night, an idea came to him. He phoned Haywood, a former player with the Washington Bullets.

"I think I've come up with it," Bell, the Inside Sports host for WUST radio, recalled telling Haywood. "I think I've come up with a cocaine hot line for student athletes. *Save a student athlete.* How does that sound?"

"Sounds great," Haywood said.

That was the inception of the District's COCAINE Hotline, designed specifically for student athletes from elementary school to college. Since the hot line was installed Sept. 25, Bell said he has received about 33 calls.

"Cocaine is an equal opportunity employer," said Bell, sitting in the WUST office at 8th and V streets NW. "We're not going to wipe out the drug as long as the bottom line is green. So we've got to start thinking about education and prevention."

After the cocaine-induced deaths in June of Maryland basketball star Len Bias and Cleveland Browns defensive back Don Rogers, Bell began to focus even more on drug abuse among young athletes.

"A lot of kids are influenced by [the deaths]," said Bell, a former Department of Recreation roving leader in the Cardoso area who recruited dropouts for job training. "I kept saying that maybe something good would come out of Len Bias' death. And I feel this is one of the good things that has come out."

The hot line (262-2463, or COCAINE) is open Monday through Friday from 8 a.m. to 8 p.m. The callers so far, Bell said, have been people in their late twenties and concerned parents of junior high and high school athletes who "want to know what the symptoms are, what to look for."

Using his connections, Bell created an advisory team (or A-Team) of athletes and coaches. After getting permission from the caller, an A-Team member will go to the caller's home to talk about the drug problem and offer options for help.

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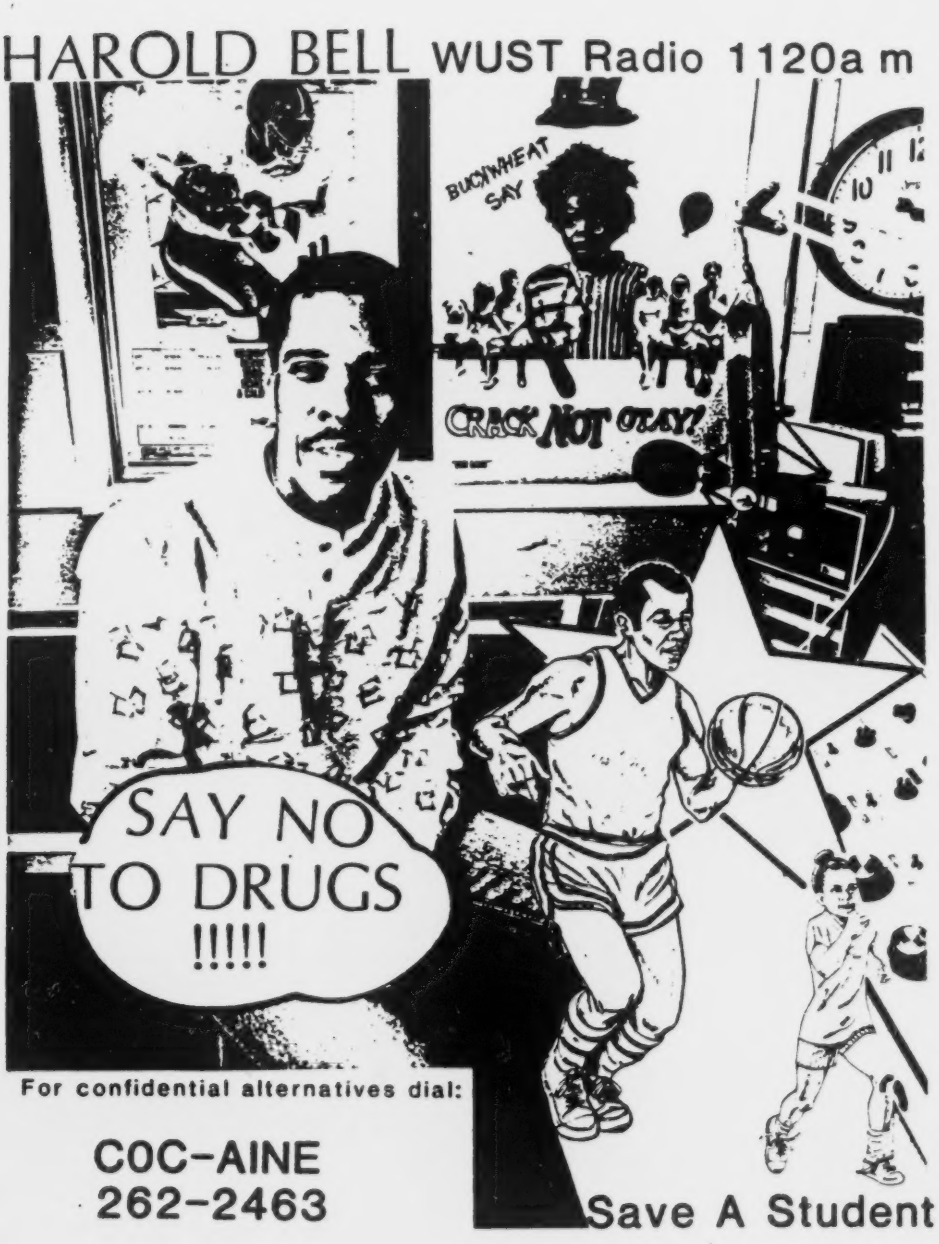
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